IV

# PETERSFIELD RURAL DISTRICT COUNCIL

## A N N U A L  R E P O R T

of the



MEDICAL OFFICER OF HEALTH

and

CHIEF PUBLIC HEALTH INSPECTOR

for the year

1 9 6 3

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C O N T E N T S:

# THE RURAL DISTRICT COUNCIL OF PETERSFIELD

## Chairman of the Council:

Mr.J.S.G.Crosland, J.P.

## Vice-Chairman of the Council:

Mr.S.B.Selmes, A.C.I.I.

## Chairman of the Public Health Committee:

Mr.S.B.Selmes, A.C.I.I.

## MEMBERS OF THE COUNCIL:

Mr.H.C.Ablitt.
Group Capt.J.C.Barraclough.
Mr.B.L.P.Blacker.
Mr.R.E.Canterbury.
Capt.A.F.Coryton,D.L.,J.P.
Mr.W.A.Coyte.
Mr.J.S.Crosland, J.P.
Mr.Ivor Fry.
Rev.P.W.Gallup.
Mr.A.D.Gill.
Mr.G.C.R.Goodwin.
Mr.J.Green.
Mr.H.Heath.
Mrs.E.J.Holt.
Sir Adrian Holman,K.B.E.,C.M.G.,M.C.
Lady Jaffray.
Mr.H.J.C.Jones.
Capt.C.N.Lentaigne,D.S.O.,R.N.
Mr.J.R.McDougall.
Mr.M.S.Mitchell.
Mr.A.H.Moore.
Mr.W.P.Ness.
Mr.S.S.Phillips.
Miss B.Rook.
Major H.L.St.V.Rose.
Mr.S.B.Selmes,A.C.I.I.
Mrs.E.B.D.Shove.
Mrs.M.E.Smith.
Mr.E.F.Talbot-Ponsonby.
Mr.D.V.N.Toplis.
Rear Admiral E.L.Tottenham,C.B.,O.B.E.
Mr.H.E.Webb.

## MEMBERS OF THE HEALTH DEPARTMENT STAFF:

### Medical Officer of Health:

S.Chalmers Parry,M.A.(Cantab),M.R.C.S.,L.R.C.P.,D.P.H.

### Chief Public Health Inspector:

A.Swan,A.R.S.H.,M.A.P.H.I.

### Additional Public Health Inspectors:

B.H.Marsh, Cert.S.I.B., M.A.P.H.I.
W.L.Fisher,Cert.P.H.I.E.B., M.A.P.H.I.

### Clerks:

A.A.M.Hallett until 30th November, 1963.
Miss J.L.Phillips.

# RURAL DISTRICT COUNCIL OF PETERSFIELD

Telephone Numbers:
Petersfield 319/506/507

Public Health Department,
The Old College,
Petersfield,
Hampshire.

To The Chairman, and Members of the
Petersfield Rural District Council

I have the honour to present the Annual Report for the year 1963, on the health and sanitary circumstances of the Rural District of Petersfield. It is drafted in accordance with the requirements of the Ministry of Health.

Incidentally, it will be my 17th and last report as I am due to retire next year.

Apart from measles, there was very little infectious disease during the year under review.

Oral poliomyelitis vaccine has become very popular; and 58.7% (compared with a national figure of 53%) of children, born in 1962, had been vaccinated against poliomyelitis by the end of 1963.

There has been no case of diphtheria in the district during the past eleven years; but parents are again reminded that children should be immunised before their first birthday. The percentage of children, born in 1962 and immunised before the end of 1963, was 63.6%.

After considerable discussion and representations to the Ministry, King George Hospital, Liphook - which was on the list for closure - was transferred to the control of the Wessex Regional Hospital Board. It is administered by the Portsmouth Group and is used for geriatrics and chronic sick patients.

The value of safety precautions in the prevention of accidents in the home, on the road and in the water, is again stressed.

I should like to thank you all for your help and encouragement during my period of office, and I am grateful also to the officers of other departments for their willing help and assistance.

I also wish to record my grateful thanks to Mr.Swan, the Chief Public Health Inspector, for his valuable co-operation and assistance in compiling this report.

S. Chalmers Parry

Medical Officer of Health
Petersfield Rural District Council.

## LEGISLATION

During the year, the following legislation affecting the Public Health Department was enacted:-

1. Offices, Shops and Railway Premises Act 1963.

This Act makes fresh provision for securing the health, safety and welfare of persons employed in office or shop premises and certain railway premises.

Local Authorities must be notified where persons are employed or are to be employed (unless specifically exempted).

Many of the new provisions, such as accident reporting and prevention, are comparable with previous factory legislation.

2. Animal Boarding Establishments Act 1963.

Any person wishing to keep a boarding establishment for animals now needs to obtain a licence from the Local Authority. Such licences are subject to general and specific conditions.

3. Ice Cream (Heat Treatment etc.)(Amendment) Regulations 1963.

These regulations amend the Ice Cream (Heat Treatment etc.) Regulations 1959 to allow the addition of sugar to sterilised or pasteurised mixtures used in the manufacture of ice cream.

4. Liquid Egg (Pasteurisation) Regulations 1963.

Liquid egg to be used in food intended for sale for human consumption has to be pasteurised. The Regulations prescribe the method of pasteurisation and the test to be satisfied.

5. Milk (Special Designation) Regulations 1963.

This re-enacts with amendments the Milk (Special Designation) Regulations 1960. "Untreated" replaces the designation "Tuberculin Tested".

6. Meat Inspection Regulations 1963.

Subject to the provisions of the Regulations all carcases intended for sale for human consumption must be inspected before being removed from the slaughterhouse. They must be appropriately marked and the local authority may make a charge for this inspection.

Legislation (Continued):

7. The Slaughter of Animals (Prevention of Cruelty) Regulations (Appointed Day No.2) Order 1963.

The Slaughter of Animals (Prevention of Cruelty) Regulations 1958 which otherwise came into operation on 1st January, 1959 provided for the deferment of certain requirements relating to the construction, lay-out and equipment of existing slaughterhouses until such later date as might be appointed.

This Order specifies the date on which the aforesaid provisions shall come into operation in certain local authority areas.

8. The Slaughterhouses (Hygiene) Regulations (Appointed Day No.2) Order 1963.

The Slaughterhouses (Hygiene) Regulations 1958 were designed to secure the observance of sanitary and cleanly conditions in connection with the construction and operation of slaughterhouses and the handling of meat. Certain regulations which related to diseased animals, and meat and the lighting of slaughterhouses were not to come into operation until such dates as the Minister appointed.

This Order specifies the date on which these provisions shall come into operation in certain local authority areas.

9. The Smoke Control Areas (Authorised Fuels) Regulations 1963.

Lists the authorised fuels for the purpose of enforcing the Clean Air Act 1956.

10. Public Health (Aircraft)(Amendment) Regulations 1963.

Airport health authorities may require the production of a valid smallpox vaccination record card.

11. The Alkali and Works Order 1963.

The discharge of certain noxious or offensive gases, smoke, grit and dust from certain types of works is subject to control. Under the Clean Air Act 1956, Section 17, "both the types of works and the list of gases may be modified or added to, from time to time by order of the Minister".

## NATURAL AND SOCIAL CONDITIONS OF THE AREA

The district surrounds a pleasant market town in the extreme east of Hampshire. It has a common boundary with Surrey and Sussex for over twenty-four miles.

The area comprises thirteen parishes, three of which have a population of over 3,000 and their villages form the main centres of population.

Increasing availability of main services has led to modernisation and improvement to most villages and hamlets in the area without excessively changing their character and they remain popular residential resorts.

Modern estates have developed in a few urban sections of the district. These are frequently dormitories and are mainly purchased by newcomers to the area.

The South Downs form a natural division between the north and the south, but travel is not unduly restricted on this account as both the main London-Portsmouth road and rail services link Petersfield with the coastal area.

Agriculture is the main industry and in some parishes forms the only interest. With farming can be associated fruit growing and hop growing. Seasonal harvesting is now dealt with mainly by machines and local labour, which have tended to replace gypsies and imported help.

Employment is provided chiefly by way of building and allied trades, transport work, shop keeping, clerical work and by professional and personal services. There are also a few small factories and the tendency is towards a slight increase in the numbers employed in light industry. Many of the residents in the south of the district work at Portsmouth, the chief source of employment being naval establishments, and a service stores depot in Liphook absorbs a considerable proportion of the labour force over a wide area.

## STATISTICS OF THE AREA

| | |
|---|---|
| Area .. .. .. .. .. .. .. .. .. .. | 54,758 acres. |
| Rateable Value (1963/64) .. .. .. .. .. .. .. | £725,502. |
| Sum represented by a penny rate (1963/64) .. .. .. .. | £2,800. |
| Approximate number of inhabited houses .. .. .. .. | 7,527. |
| Estimated Mid Year Home Population (Registrar General's figures) .. .. .. .. .. .. | 24,480. |

## VITAL STATISTICS

Births:

| | 1963 | | | 1962 | | |
|---|---|---|---|---|---|---|
| | M | F | Total | M | F | Total |
| Live Births (Legitimate) | 191 | 205 | 396 | 196 | 193 | 389 |
| (Illegitimate) | 14 | 11 | 25 | 7 | 11 | 18 |
| Total Live Births | | | 421 | | | 407 |

Live Birth rate per 1,000 of the estimated population was 17.2 compared with 18.2 for the whole of England and Wales.

Illegitimate live births per cent of total live births 5.9%

| | 1963 | | | 1962 | | |
|---|---|---|---|---|---|---|
| | M | F | Total | M | F | Total |
| Still Births (Legitimate) | 2 | 4 | 6 | 2 | 4 | 6 |
| (Illegitimate) | - | 1 | 1 | - | - | - |
| Total Still Births | | | 7 | | | 6 |

Still Birth rate per 1,000 total (live and still) births was 16.4 compared with 16.9 for the whole of England and Wales.

| | 1963 | | | 1962 | | |
|---|---|---|---|---|---|---|
| | M | F | Total | M | F | Total |
| Total live and still births | 207 | 221 | 428 | 205 | 208 | 413 |

Deaths:

| | 1963 | | | 1962 | | |
|---|---|---|---|---|---|---|
| | M | F | Total | M | F | Total |
| From all causes | 146 | 129 | 275 | 128 | 134 | 262 |

Death rate per 1,000 estimated population was 11.2 compared with 12.2 for the whole of England and Wales.

Maternal Mortality:

Pregnancy, childbirth, abortion .. .. .. .. .. .. NIL

Infant Mortality (deaths under one year):

| | 1963 | | | 1962 | | |
|---|---|---|---|---|---|---|
| | M | F | Total | M | F | Total |
| Legitimate .. .. .. | 5 | 4 | 9 | 1 | 5 | 6 |
| Illegitimate .. .. .. | - | - | - | - | 1 | 1 |
| Total Infant Deaths | | | 9 | | | 7 |

Infant mortality rate per 1,000 live births was 21.4 compared with 20.9 for the whole of England and Wales.

VITAL STATISTICS (Continued):

Infant Mortality Rate:

The number of deaths of infants under the age of one year per 1,000 live births, is known as the infant mortality rate for that year.

This rate for each calendar year is not regarded as a reliable guide, for the number of births in the district is insufficient to be of significance statistically.

But, if this rate is taken over a period of five years, it is then considered reasonably reliable and one of the best indices of the social circumstances of the district.

The following table shows the rate for the district as compared with the rate for England and Wales, each over a five year period.

| Infant Mortality Rates (per 1,000 Live Births) | | |
|---|---|---|
| Year | Petersfield Rural District | England and Wales |
| 1947 | 31.1 | 39.2 |
| 1948 | 27.5 | 35.9 |
| 1949 | 27.8 | 33.3 |
| 1950 | 22.6 | 30.6 |
| 1951 | 23.8 | 29.1 |
| 1952 | 24.9 | 27.8 |
| 1953 | 28.5 | 26.8 |
| 1954 | 26.7 | 25.7 |
| 1955 | 27.9 | 24.8 |
| 1956 | 24.2 | 23.9 |
| 1957 | 21.6 | 23.2 |
| 1958 | 18.1 | 22.6 |
| 1959 | 17.9 | 22.1 |
| 1960 | 16.7 | 21.8 |
| 1961 | 18.7 | 21.6 |

The infant mortality rate for the year under review was 21.4 compared with 20.9 for England and Wales.

VITAL STATISTICS (Continued):

| Causes of Death | M | F | Total |
|---|---|---|---|
| 1. Tuberculosis of Respiratory System .. .. | - | - | - |
| 2. Other forms of Tuberculosis .. .. .. | - | 1 | 1 |
| 3. Syphilis .. .. .. .. .. .. | - | 1 | 1 |
| 4. Diphtheria .. .. .. .. .. .. | - | - | - |
| 5. Whooping Cough .. .. .. .. .. | - | - | - |
| 6. Meningococcal Infections .. .. .. .. | - | 1 | 1 |
| 7. Acute Poliomyelitis .. .. .. .. .. | - | - | - |
| 8. Measles .. .. .. .. .. .. | - | - | - |
| 9. Other Infective and Parasitic Diseases .. | 1 | - | 1 |
| 10. Malignant Neoplasm, Stomach .. .. .. | 3 | 4 | 7 |
| 11. " " , Lung, Bronchus .. .. | 9 | - | 9 |
| 12. " " , Breast .. .. .. | - | 6 | 6 |
| 13. " " , Uterus .. .. .. | - | 2 | 2 |
| 14. Other Malignant & Lymphatic Neoplasms .. | 12 | 14 | 26 |
| 15. Leukaemia, Aleukaemia .. .. .. .. | - | 1 | 1 |
| 16. Diabetes .. .. .. .. .. .. | - | 2 | 2 |
| 17. Vascular Lesions of Nervous System .. .. | 19 | 24 | 43 |
| 18. Coronary Disease, Angina .. .. .. .. | 23 | 18 | 41 |
| 19. Hypertension with Heart Disease .. .. .. | 1 | 4 | 5 |
| 20. Other Heart Disease .. .. .. .. .. | 17 | 18 | 35 |
| 21. Other Circulatory Disease .. .. .. .. | 3 | 5 | 8 |
| 22. Influenza .. .. .. .. .. .. | 1 | - | 1 |
| 23. Pneumonia .. .. .. .. .. .. | 11 | 4 | 15 |
| 24. Bronchitis .. .. .. .. .. .. | 15 | 4 | 19 |
| 25. Other Disease of Respiratory System .. .. | 1 | 2 | 3 |
| 26. Ulcer of Stomach and Duodenum .. .. .. | 1 | - | 1 |
| 27. Gastritis, Enteritis and Diarrhoea .. .. | - | 3 | 3 |
| 28. Nephritis and Nephrosis .. .. .. .. | 1 | - | 1 |
| 29. Hyperplasia of Prostate .. .. .. .. | 1 | - | 1 |
| 30. Pregnancy, Childbirth, Abortion .. .. .. | - | - | - |
| 31. Congenital Malformations .. .. .. .. | - | 1 | 1 |
| 32. Other Defined and Ill-defined Diseases .. | 12 | 9 | 21 |
| 33. Motor Vehicle Accidents .. .. .. .. | 9 | 3 | 12 |
| 34. All other Accidents .. .. .. .. .. | 4 | 2 | 6 |
| 35. Suicide .. .. .. .. .. .. .. | 2 | - | 2 |
| 36. Homicide and Operations of War .. .. .. | - | - | - |
| | 146 | 129 | 275 |

## ANALYSIS OF THE CAUSES OF DEATH ACCORDING TO AGE

| 0-1 | | 1-4 | | 5-14 | | 15-24 | | 25-34 | | 35-44 | | 45-54 | | 55-64 | | 65-74 | | 75 and over | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | M | F | Total |
| - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| - | - | - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 |
| - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 | 1 |
| - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 |
| - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| - | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - | - | - | - | 1 |
| - | - | - | - | - | - | - | - | - | - | - | - | 1 | - | 1 | - | 1 | 2 | - | 2 | 7 |
| - | - | - | - | - | - | - | - | - | - | 1 | - | - | - | 3 | - | 4 | - | 1 | - | 9 |
| - | - | - | - | - | - | - | - | - | - | - | - | - | 2 | - | 1 | - | 2 | - | 1 | 6 |
| - | - | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - | - | - | - | 1 | 2 |
| - | - | - | - | - | - | - | - | - | - | - | 1 | - | 3 | 4 | 2 | 4 | 3 | 4 | 5 | 26 |
| - | - | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - | - | - | - | - | 1 |
| - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 2 | 2 |
| - | - | - | - | - | - | - | - | - | - | - | - | 1 | 1 | 5 | 1 | 5 | 6 | 8 | 16 | 43 |
| - | - | - | - | - | - | - | - | - | - | 1 | - | - | 2 | 7 | 2 | 6 | 5 | 9 | 9 | 41 |
| - | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - | 1 | - | - | - | 3 | 5 |
| - | - | - | - | - | - | 1 | - | - | - | - | - | 2 | 1 | 2 | 3 | 5 | 5 | 7 | 9 | 35 |
| - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 | 2 | 2 | 1 | 2 | 8 |
| - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - | - | 1 |
| - | - | 1 | - | - | - | 1 | - | - | - | - | - | - | - | 1 | 1 | 2 | - | 6 | 3 | 15 |
| - | - | - | - | - | - | - | - | - | - | - | - | 2 | - | 2 | 1 | 5 | - | 6 | 3 | 19 |
| - | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - | 1 | - | 1 | - | - | 3 |
| - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 | - | 1 |
| - | 1 | - | - | - | - | - | 1 | - | - | - | - | - | - | - | - | - | - | - | 1 | 3 |
| - | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - | - | - | - | - | - | 1 |
| - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 | - | - | - | 1 |
| - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| - | 1 | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 |
| 5 | 1 | - | - | - | - | - | - | 1 | - | - | 1 | - | - | 1 | - | 4 | 2 | 1 | 5 | 21 |
| - | - | - | - | 1 | - | 5 | 1 | - | - | - | - | - | 1 | 1 | - | 1 | - | 1 | 1 | 12 |
| - | - | - | - | 1 | - | - | - | - | - | 2 | - | - | - | - | - | 1 | - | - | 2 | 6 |
| - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | 1 | - | 1 | - | 2 |
| - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 5 | 4 | 1 | 1 | 2 | - | 7 | 2 | 1 | - | 4 | 2 | 9 | 12 | 28 | 14 | 43 | 28 | 46 | 66 | 275 |

## GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA

### Laboratory Facilities:

Bacteriological work is carried out by the Public Health Laboratory at Milton, Portsmouth, (Telephone: Portsmouth 22331) and specimens of clinical material (sputum, swabs, etc) and samples of water, milk and foodstuffs are sent for bacteriological examination to the Director, Doctor D.J.H.Payne.

Specimens may be left at the Porter's Lodge of Priors Dean Hospital, Milton Road, Portsmouth, at any time. URGENT specimens can be dealt with, when the laboratory is closed, by telephoning the technician on call at St.Mary's Hospital (Telephone: Portsmouth 22331).

At Winchester, (Telephone: Winchester 3807) specimens may be deposited in the sample box placed outside the laboratory, or they may be left at the Main Hall of the Royal Hampshire County Hospital at any time when the laboratory is closed. At week-ends, and on public holidays, arrangements are made for dealing with specimens during the morning and evening. URGENT specimens can be dealt with at any time and the Director, Doctor M.H.Hughes, is available at Twyford 3349 for telephone consultation when he is not in the laboratory.

Samples for chemical analysis are sent to the City Analyst, Portsmouth, (Telephone: Portsmouth 23641).

### Ambulance Facilities:

Requests for ambulance service transport should be made to The Ambulance Superintendent at Highlands Road, Fareham, (Telephone: Titchfield 3126) between the hours of 8a.m. and 6p.m. Mondays to Fridays, and 8a.m. to 12noon on Saturdays.

At other times, including Bank and Public Holidays, requests should be made to the Central Ambulance Control at Winchester (Telephone: Winchester 61644 (3 lines).

If any persons, concerned with the ordering of transport, are on a manual exchange, they are requested to ask for the above telephone number in preference to the "Ambulance Service". Otherwise, they may be connected to the special line reserved for "999" calls and block this line for really urgent calls.

### Hospital Car Service:

The use of this service may be obtained through the Ambulance Superintendent at Fareham (Telephone: Titchfield 2397).

Smallpox cases (suspected or confirmed) requiring transport to hospital will be conveyed by the County Ambulance Service to Weyhill Hospital, Andover. Requests for admission should be made to the Winchester Group Hospital Management Committee (Telephone: Winchester 5151).

### Nursing and Health Visiting in the homes and clinics:

The names of District Nurses, Midwives and Health Visitors, who practise in the district under the direction of the County Medical Officer are shown in the following table:-

Nursing and Health Visiting in the Homes and Clinics (Continued):

| Names and Addresses of Nurses and Midwives | District Served (Excluding Group Practices) | Names and Addresses of Health Visitors |
|---|---|---|
| Mrs.Eames,S.R.N.,S.C.M.,<br>Lurganboy, Stonehill Road,<br>Headley Down, Bordon.<br>(Tel:Headley Down 2380) | Passfield | Miss A.L.Mitchell,<br>1 Bungalow, Military<br>Health Centre, Bordon.<br>(Tel:Bordon 369) |
| Mrs.E.Beake,S.R.N.,S.C.M.,Q.N.,<br>R.S.H.Certificate,<br>Nurses Cottage,<br>3 Headley Road, Liphook.<br>(Tel:Liphook 3179) | Conford<br>Bramshott<br>Hammer<br>Liphook | Miss I.K.Brown,<br>Rosemont, Arford Road,<br>Headley, Bordon.<br>(Tel:Headley Down 3041) |
| Mrs.M.W.Collins,<br>10 Vinson Road, Lower Common,<br>Liss. (Tel:Liss 2341) | Liphook<br>Greatham<br>Liss | Miss V.Gawthorp,<br>S.R.N.,S.C.M.,<br>H.V.Certificate,<br>Cherry Croft,<br>Liphook Road,<br>Headley, Bordon.<br>(Tel:Headley Down 3322) |
| Mrs.P.Harrison,<br>Hangery, Hill Brow,<br>Liss. (Tel:Liss 2274) | | |
| Mrs.J.M.Beaton,S.R.N.,S.C.M.,Q.N.,<br>1 Privett Road, High Cross,<br>Froxfield. (Tel:Hawkley 243) | Empshott<br>Colemore<br>Hawkley<br>Priorsdean<br>Oakshott | |
| | Froxfield<br>Privett | Miss E.J.Read,S.R.N.,<br>S.C.M.,H.V.Certificate,<br>Church Cottage,<br>West Meon.<br>(Tel:West Meon 315) |
| Miss Webb,<br>22 Queens Road, Petersfield.<br>(Tel:Petersfield 676) | Langrish<br>Steep | |
| Mrs.M.C.Lapper,S.R.N.,S.C.M.,Q.N.,<br>153 The Causeway, Petersfield<br>(Tel:Petersfield 628) | Ramsdean<br>Buriton | |
| Miss E.M.May,S.R.N.,S.C.M.,Q.N.,<br>R.S.H.Certificate,<br>16 Glenthorne Meadow, East Meon.<br>(Tel:East Meon 263) | East Meon | |
| Mrs.A.Coomber,S.R.N.,S.C.M.,<br>142 Catherington Lane,<br>Catherington.(Tel:Horndean 2343) | Clanfield<br>Hogs Lodge<br>Chalton<br>Horndean<br>Lovedean<br>Blendworth<br>Catherington<br>Rowlands Castle<br>Redhill<br>Finchdean<br>Idsworth | |
| Miss M.E.Munro,S.R.N.,S.C.M.,Q.N.,<br>20 Uplands Road, Rowlands Castle.<br>(Tel:Rowlands Castle 469) | | |
| Mrs.P.Allen,<br>59 Kingsmede, Horndean.<br>(Part time District<br>Nursing in Horndean) | | |

Nursing and Health Visiting in the Homes and Clinics (Continued):

The names of District Nurses, Midwives and Health Visitors, who are attached to Group Practices in the district, are shown in the following table:-

| Names and Addresses of Nurses and Midwives | Group Practices | Health Visitor |
|---|---|---|
| Miss M.E.Munro,S.R.N.,S.C.M., Q.N., 20 Uplands Road, Rowlands Castle. (Tel: Rowlands Castle 469). | Dr.Southam<br>Dr.Wilkins<br>Dr.Wilson<br>Dr.Gould | Miss I.Townsend,S.R.N.,S.C.M., Q.N.,H.V.Certificate, 53 Harvest Road, Denmead.<br>Miss M.E.Dancer, 8 Oaklands Road, Petersfield. (Tel:Petersfield 658) |
| Miss E.M.May,S.R.N.,S.C.M., Q.N., R.S.H.Certificate, 16 Glenthorne Meadow, East Meon. (Tel:East Meon 263). | Dr.Creedy Smith | Miss E.M.May (See Column 1) |
| Miss E.A.Cox, 22 Goslings Croft, Alton Road, Selborne. (Tel:Selborne 219) | Dr.Pope<br>Dr.Roderick<br>Dr.Mark | Miss V.Gawthorp,S.R.N.,S.C.M., H.V.Certificate, Cherry Croft, Liphook Road, Headley,Bordon. (Tel:Headley Down 3322) |
| Mrs.A.P.Oakley,S.R.N.,S.C.M., Moss Cottage, Liss.(Tel: Liss 3139) | Dr.Ker<br>Dr.Hardwick | Mrs.A.P.Oakley (See Column 1) |

Clinics:

The following Clinics are held at the County Council Health Clinic, Love Lane, Petersfield, (Tel:Petersfield 20). The services marked * are the responsibility of the Regional Hospital Board.

| | |
|---|---|
| *Ophthalmic Clinic | Second Tuesday afternoon of each month by appointment. |
| Child Welfare Clinic | Wednesday mornings and afternoons. |
| School Clinic | By appointment. |
| Dental Clinic | By appointment (which can be obtained by telephone between 9.00a.m. and 9.15a.m. Tel:Petersfield 954, Mondays to Fridays). |
| Speech Therapy Clinic | Friday afternoons by appointment. |

Child Welfare Clinics:

The following Child Welfare Clinics in the Rural District are open for children under five years of age:-

| Clinic | Hall | Afternoons from 2.0p.m. |
|---|---|---|
| Buriton | Church Hall | 3rd Thursday |
| Clanfield | Memorial Hall | 1st Friday |
| East Meon | Institute Hut | 1st and 3rd Thursdays |
| Horndean | Nash Memorial Hall | 2nd and 4th Tuesdays |
| Liphook | Village Hall | 1st and 3rd Tuesdays |
| Liss | Village Hall | 2nd and 4th Mondays and 2nd and 4th Fridays |
| Rowlands Castle | Parish Hall | 4th Friday |

The following clinics, situated in adjoining districts, are available for children living near the boundaries of the district:-

| Clinic | Hall | Afternoons from 2.0p.m. unless otherwise stated |
|---|---|---|
| Alton | Inwood Health Clinic | Every Tuesday |
| Cowplain | St.Wilfred's Church Hall, Padnell Road, Cowplain. | Every Monday |
| Grayshott | Village Hall | 1st and 3rd Fridays |
| Havant | County Council Health Clinic, 4 Park Way | 2nd and 4th Tuesdays |
| Headley | Village Hall | 2nd and 4th Fridays |
| Longmoor | The Barracks | 2nd and 4th Mondays |
| Oakhanger | Village Hall | 3rd Friday(2.p.m.-2.45p.m. only) |
| Petersfield | Health Clinic, Love Lane | Every Wednesday - Morning and afternoon |
| Waterlooville | St.George's Hall, Hambledon Road | Every Thursday except the 3rd |
| Selborne | Village Hall | 1st Wednesday |
| West Meon | Queen Victoria Institute Hall | 2nd Monday 2.30p.m. |

The work of the voluntary helpers, who assist the medical and nursing staff at the Welfare Clinics, is greatly appreciated.

Welfare Officers:

| | NAME | AREA | METHOD OF CONTACT | |
|---|---|---|---|---|
| | | | Office | At all other times In Emergency |
| Area Mental Welfare Officer | Mrs.J.J.Owen | Petersfield Rural District | 21 Quay Street,Fareham (Tel:Fareham 2810) 9a.m. - 5p.m. (Week days) | Main Ambulance Control. (Tel: Winchester 2536 or 2748) |
| Area Welfare Officer | Mr.W.T.Pepper | Petersfield Rural District (except Clanfield Horndean and Rowlands Castle) | 14 King George Avenue, Petersfield. (Tel: Petersfield 1199) 9a.m.-1p.m. Monday - Thursday. 9a.m. - 12 noon Friday. | Telephone Local Police Station |
| | Mr.P.W.Arthur | Clanfield Horndean and Rowlands Castle | Emsworth House, Havant Road, Emsworth. (Tel: Emsworth 3722) 9a.m.-1p.m. Monday-Thursday. 9a.m.-12noon Friday. | |
| Area Child Care Officer | Miss Neale | Petersfield Rural District | 20 High Street,Fareham (Tel:Fareham 2714/5) | |

* Chest Clinics:

Queen Alexandra Hospital, Cosham, (Tel:Cosham 79451,Extension 114):

| | |
|---|---|
| Mondays: | 9.30a.m. - 12.30p.m.Old Patients<br>1.30p.m. - 5.00p.m.Old Patients |
| Wednesdays: | 2.00p.m. Skin Testing |
| Thursdays: | 2.00p.m. - 5.00p.m. Refills |

Dr.J.P.Sharp, the Chest Physician,is in attendance.

*Chest Clinics (Continued):

Royal Hampshire County Hospital, Romsey Road, Winchester, (Tel: Winchester 5151, Extension 347):

| | |
|---|---|
| Wednesdays: | 10.00a.m. - 12.30p.m. Old Patients<br>2.00p.m. - 4.30p.m. New Patients |
| Thursdays: | 10.00a.m. - 12.30p.m. |

Dr.Z.Hall, the Chest Physician, is in attendance.

Northfield Hospital, Redan Road, Aldershot, (Tel:Aldershot 20885/ 21365).

| | |
|---|---|
| Mondays: | 9.15a.m. - Old patients<br>11.00a.m. - New patients<br>Second Monday every month - Special Bronchitic Clinic<br>One Monday every month - B.C.G.Session<br>One Monday every month - Post B.C.G.Session |
| Tuesdays: | 1.30p.m. - 3.00p.m. Old and New Contacts<br>Old patients<br>Urgent New patients |
| Wednesdays: | First and third Wednesdays every month at Fleet Hospital - Old and New patients |
| Thursdays: | 9.15a.m. Old Patients and urgent new Patients.<br>3.00p.m. Old Patients |

Dr.J.V.Hurford and Dr.D.J.ap Simon, are in attendance.

*Venereal Diseases:

Treatment is available at the following hospitals:-

Guildford - Royal Surrey County Hospital

| | | |
|---|---|---|
| Males: | 5.00p.m. - 7.00p.m. | Tuesdays and Fridays |
| Females: | 3.00p.m. - 7.00p.m.<br>9.30a.m. -11.00a.m. | Mondays<br>Thursdays |

Portsmouth - St.Mary's Hospital:

| | | |
|---|---|---|
| Males: | 10.00a.m. - 12.0noon )<br>5.00p.m. - 7.00p.m. )<br>10.00a.m. - 12.0noon | Tuesdays and Thursdays<br>Saturday |
| Females: | 5.00p.m. - 7.00p.m.<br>2.00p.m. - 4.00p.m.<br>10.00a.m. -12.0noon | Mondays<br>Wednesdays<br>Fridays |

*Venereal Diseases(Continued):

Winchester - Royal Hampshire County Hospital - (Out Patients Annexe)

| | | |
|---|---|---|
| Males: | 10.30a.m. - 12.Oncon | Saturdays |
| Females: | 2.00p.m. - 4.00p.m. | Mondays |

## SCHOOL HEALTH SERVICES:

*Orthopaedic Clinics:

Orthopaedic cases, requiring treatment, are seen by appointment from the Appointments Officer at each Hospital, at the following Clinics:-

Alton: Surgeon's Clinic held at Lord Mayor Treloar Hospital on Fridays.
Remedial Clinic held at Lord Mayor Treloar Hospital daily.

Havant: Surgeon's Clinic held at Havant Warm Memorial Hospital, on fourth Tuesdays, p.m.
Remedial Clinic, held at County Council Health Clinic, 4 Park Way on Tuesdays, all day (except fourth Tuesday p.m. and Wednesdays all day).

Petersfield: Remedial Clinic held at Petersfield General Hospital as required.

*Ophthalmic Clinics:

Ophthalmic Clinics are held for school and pre-school children at the following places; attendance by appointment through the County Medical Officer:-

Havant: Held at County Council Health Clinic, Dunsbury Way every Monday morning staffed by an Ophthalmic Surgeon.

Petersfield; Held at County Council Health Clinic, Love Lane, on the second Tuesday afternoon of each month by appointment and staffed by Dr.R.M.Cross.

*Orthoptic Clinic:

Cases selected by the School Oculist, are referred to the Eye and Ear Hospital, Portsmouth.

*Ear, Nose and Throat Clinics:

Cases, referred for specialist advice, are examined at the Portsmouth Eye and Ear Hospital and treatment is carried out either at that Hospital or at Petersfield Hospital.

In the northern part of the area, cases are examined and treatment carried out at the Haslemere Hospital or Guildford Hospital.

School Clinic:

This is held at the County Council Health Clinic, Love Lane, Petersfield, by appointment.

Speech Therapy Clinics:

Cases attend at the County Council Health Clinic, Love Lane, Petersfield, on Friday afternoons by appointment through the County Medical Officer.

Clinics are also held at the County Council Health Clinics at Park Way, Havant, Dunsbury Way, Leigh Park and Trafalgar Street, Winchester, by appointment through the County Medical Officer.

Child Guidance Clinic:

Cases are seen by appointment through the County Medical Officer, at the County Council Health Clinic, Dunsbury Way, Leigh Park; Manor Park Health Clinic, Aldershot, or Trafalgar House, Winchester.

Dental Clinics:

These are held for treatment of school children, pre-school children and expectant and nursing mothers by appointment at the County Council Health Clinic at Petersfield, at Mill Chase Secondary School, Whitehill, Bordon, and at schools and other premises as and when required. Two Dental Clinic Trailers are available for use in the area.

Family Planning Association Clinics:

The following Clinics, which are run on a voluntary basis, give advice on family planning as this is not a service available under the National Health Service.

A lady Doctor and Sister are in attendance:-

| ADDRESS | DAY | TIME |
|---|---|---|
| COSHAM:<br>Child Welfare Clinic, Northern Road. | Wednesdays. | 1.30p.m. - 3.30p.m. |
| GUILDFORD:<br>St.Luke's Hospital, Warren Road. | Fridays. | 6.0p.m. - 7.30p.m.<br>5.45p.m. - 6.45p.m. New patients (by appointment only). |
| | Enquiries to Hon.Secretary, Mrs.Farmer, 27 Harvey Road, Guildford, Surrey. (Telephone: Guildford 4235). | |
| HASLEMERE:<br>Quedley Clinic, Vicarage Lane, Shottermill, Haslemere. | 1st and 3rd Wednesdays. | 6.30p.m. - 7.30p.m. |
| MIDHURST:<br>Welfare Hall, Petersfield Road | 1st and 3rd Thursdays. | 2.30p.m. - 4.0p.m. |
| PORTSMOUTH:<br>Trafalgar Place, Clive Road, Fratton. | Tuesdays. | 1.30p.m. - 3.30p.m. |
| | Fridays. | 6.0p.m. - 8.0p.m. |
| WINCHESTER:<br>The Hut (adjoining Trafalgar House), Trafalgar Street. | Tuesdays. | 2.0p.m. - 4.0p.m. |

Any further information can be obtained from the County Medical Officer.

It is desirable that the woman should, at her first attendance, take to the Clinic a letter from her own doctor.

## LIST OF CLINICS MOST ACCESSIBLE TO EACH PARISH

| PARISHES | Child Welfare | Chest | Orthopaedic | Ear, Nose and Throat | Eye | Speech | Dental |
|---|---|---|---|---|---|---|---|
| BRAMSHOTT | Liphook<br>Grayshott | Aldershot | Alton | Haslemere<br>Guildford | Haslemere<br>Petersfield | Petersfield | Petersfield |
| BURITON | Buriton | Cosham | Petersfield | Petersfield | Petersfield | Petersfield | Petersfield |
| CLANFIELD | Clanfield | Cosham | Havant<br>Petersfield | Petersfield<br>Portsmouth | Petersfield<br>Havant | Petersfield<br>Havant | Petersfield<br>Havant |
| COLEMORE & PRIORSDEAN | Petersfield<br>Selborne | Aldershot | Alton | Petersfield | Petersfield | Petersfield | Petersfield |
| EAST MEON | East Meon | Cosham | Petersfield | Petersfield<br>Winchester | Petersfield<br>Winchester | Petersfield<br>Winchester | Petersfield<br>Winchester |
| FROXFIELD | Petersfield<br>Alton | Winchester<br>Cosham | Petersfield | Petersfield | Petersfield | Petersfield | Petersfield |
| GREATHAM | Liss<br>Longmoor | Aldershot | Petersfield | Petersfield<br>Haslemere | Petersfield<br>Haslemere | Petersfield | Petersfield |
| HAWKLEY | Liss | Aldershot | Petersfield | Petersfield<br>Haslemere | Petersfield<br>Haslemere | Petersfield | Petersfield |
| HORNDEAN | Horndean | Cosham | Petersfield<br>Portsmouth | Petersfield<br>Portsmouth | Petersfield<br>Havant | Petersfield<br>Havant | Petersfield<br>Havant |
| LANGRISH | Petersfield<br>East Meon | Winchester<br>Cosham | Petersfield | Petersfield | Petersfield | Petersfield | Petersfield |
| LISS | Liss | Aldershot | Petersfield | Petersfield<br>Haslemere | Petersfield<br>Haslemere | Petersfield | Petersfield |
| ROWLANDS CASTLE | Rowlands<br>CASTLE | Cosham | Havant | Portsmouth | Havant | Havant | Havant |
| STEEP | Petersfield | Cosham | Petersfield | Petersfield | Petersfield | Petersfield | Petersfield |

# HOSPITALS

General:

There are six General Hospitals available for the admission of patients from the district:-

HASLEMERE AND DISTRICT HOSPITAL (Telephone: Haslemere 894)

PETERSFIELD GENERAL HOSPITAL (The Petersfield Hospital (Telephone: Petersfield 1221) has twenty-eight beds available for medical and surgical cases.
It is administered by the Portsmouth Group Hospital Management Committee.

ROYAL SURREY COUNTY HOSPITAL (Telephone: Guildford 2323).

ST.MARY'S HOSPITAL, PORTSMOUTH (Telephone: Portsmouth 22331).

QUEEN ALEXANDRA'S HOSPITAL (Telephone: Cosham 79451).

THE ROYAL PORTSMOUTH HOSPITAL, PORTSMOUTH (Telephone: Portsmouth 22281).

THE ROYAL HAMPSHIRE COUNTY HOSPITAL, WINCHESTER (Telephone: Winchester 5151

Heathside Hospital, Petersfield: King George's Hospital, Liphook:

These Institutions are controlled by the Portsmouth Group Hospital Management Committee and are available for chronic sick patients.

Maternity Cases:

The Grange Nursing Home, Liss and Northlands Maternity Home, Emsworth, are available for maternity cases.

Few applications are made to the Group Maternity Clerk working at St.Mary's Hospital, Portsmouth, the great majority continue to be made to the County Medical Officer who arranges for a home visit by the District Nurse.

Infectious Diseases:

There is no infectious diseases hospital in the district.

Any infectious diseases hospital is now available for the admission of cases occurring in the district. Patients are generally admitted to Priors Dean Hospital, Milton Road, Portsmouth (Telephone: Portsmouth 22331) which is under the control of the Regional Hospital Board.

Special arrangements have been made for the admission of children suffering from acute Poliomyelitis to Lord Mayor Treloar Hospital, Alton (Telephone: Alton 2811).

Sanatoria:

Sanatoria for patients, who are suffering from Tuberculosis are provided by the Regional Hospital Board.

Smallpox:

The Regional Hospital Board makes provision for the treatment of cases of smallpox at Weyhill Hospital, Andover. Requests for admission to Weyhill should be made to the Group Secretary of the Winchester Group Hospital Management Committee (Telephone: Winchester 5151) between the hours of 9.00a.m. and 5.00p.m. and to the Duty Officer at the Royal Hampshire County Hospital (Telephone: Winchester 5151) out of office hours.

# PREVENTIVE MEASURES

## FOOD HYGIENE

Personal Hygiene:

In normal circumstances, we all wash our hands with soap and hot water before handling food and immediately after using the toilet. This practice is absolutely essential for everybody, for toilet paper is porous; and, once contaminated, the hands will leave bacteria behind on everything they touch. Licking the fingers or touching the hair, lips or nose or a soiled handkerchief cancels the benefit of a previous wash. Short nails are more easily kept clean. "No touch" technique should be practised whenever possible; where handling is an essential process, germicidal creams, applied after careful handwashing, have been found effective.

Precautions:

It should constantly be borne in mind by all concerned in the handling, preparation and storage of food - particularly by those who work in canteens or who serve food to large numbers - that the utmost care must be taken to obviate the risk of food poisoning, which may occur even in the best equipped canteens.

Any food handler should report to his employers:-

1. Diarrhoea or vomiting.
2. Septic cuts or sores, boils or whitlows.
3. Discharges from the ear, eye or nose.
4. Typhoid fever, paratyphoid fever or any other salmonella infection, dysentery or any staphylococcal infection likely to cause food poisoning or being a "carrier" of any of these illnesses.

Housewives and foodhandlers should cover, with a water-proof dressing, any exposed sore or wound they have - particularly on their hands and arms - as infections are quickly spread in this way. For a finger wound, a rubber fingerstall is a safe-guard while food is being handled.

Customers have now become more clean food minded and are more inclined to complain to the management when they notice any obvious unhygienic practices.

The hygiene standard of these shops and restaurants, therefore, lies to some extent in housewives' hands.

A high standard of hygiene is a benefit to food traders, for it attracts business; and it is, of course, all in the interest of the general public to encourage safer practices.

Cakes, boiled sweets, cooked food and vulnerable foods should be handled by tongs or servers and not fingered by the hands, for they are never clean enough safely to handle food of this nature.

Protection:

Vulnerable foods - which include pressed meat, brawn, meat pies, stews, trifles, custards and synthetic cream - are normally quite safe when prepared, but they act as ideal breeding grounds for any dangerous germs that gain access, and, if kept at warm temperature, the germs will multiply very rapidly.

Protection (Continued):

Made up meat dishes and other vulnerable foods provide a perfect medium for the growth and multiplication of bacteria.

Special care and attention is needed in the selection, the handling and the storage of food in summer because bacteria multiply more quickly in warm weather - and the harmful ones cause food poisoning. Most of the family outbreaks happen in the summer time.

The ordinary group of food poisoning organisms (i.e. the Salmonellae) are killed at high temperatures, but the fact that a product is to be heat-treated is no absolute safeguard against any spread - as the infection is often carried from the raw material on the hands and utensils to some article of food in the same premises, which is either already cooked or not subject to heat treatment.

Prevention:

There is, however, another type of germ that it is not killed by heat and it does not require the presence of air for it to produce its toxins; so, as long as the temperature conditions are suitable and the intervals of time between the end of cooking and the consumption of food are sufficiently long for the organism to survive and breed, there is always a possibility of its giving rise to food poisoning.

This organism (Cl.Welchii) is not uncommonly found in meat, so, the sooner meat is eaten after cooking the less likelihood there is for cases of food poisoning from this source of infection to occur. As this organism is fairly widespread in nature, methods of prevention must be concentrated far more on care over cooking and storage. Statistics emphasise the importance of ensuring that the organisms in the meat - and particularly the heat resistant spores that have survived cooking - are given no opportunity to incubate. Cutting and other manipulation of meat in the raw state must be reduced to a minimum; and, if meat is to be minced, this should be done with as short an interval as possible before cooking.

As a general rule, meat - whether as cuts or in pies or stews - should be thoroughly cooked and eaten hot; if this is impossible, it should be cooled rapidly within 1½ hours of cooking and refrigerated until required. In any event, there should be the shortest possible time between cooking and eating in order to limit the number of organisms; for it is only when they have been allowed to multiply that trouble will occur.

The size of cuts is of some importance from the public health point of view; for the rate of penetration and loss of heat is proportional to the size of the joint. Meat, sliced after cooking, should be kept cold.

In food establishments, where both cooked and raw meats are handled, care should be taken to ensure that knives, chopping boards, etc., used for raw meats, are not employed also for cutting and slicing cooked (pies and other) meats. Such meats are particularly vulnerable foods as they are ready for consumption without any further cocking.

The same principle applies to kitchen utensils used for raw meat by the housewife; so it is equally essential that these should be thoroughly cleaned before being used again. Furthermore, special attention should be paid where meat - other than that for human consumption - is concerned.

Prevention (Continued):

Particular precautions are necessary with mincing machines, as they are not so easy to clean.

In this connection also, it must not be forgotten that infection can similarly be transferred by hand.

Re-handled and re-heated meat is still the main villain of the piece. In fact, in 1961, two thirds of the outbreaks, traced to a specific cause, were associated with cold meats which had been re-handled, made-up meats (such as meat pies) and re-heated dishes (such as stews and shepherd's pie).

Stockpots are a hazard; and soups, stews, gravies, pies, pease-pudding, etc. provide even better conditions for the multiplication of the germs than solid meat. Gravy should never be re-heated; soup and stock, if re-heated, must be boiled.

Pressure cooking must be considered one of the safest measures against the survival of spores.

But emphasis should rightly be placed on methods of preventing the food from becoming contaminated in the first place.

Undercooking:

Apart from bacterial and toxin poisoning, which can be conveyed by undercooked food, there is the additional danger of worms and flukes being transmitted to man by eating infected meat, fish, shellfish or watercress.

Infected pork, and pork products, when insufficiently cooked, can cause human infection with tapeworm or trichinosis; and undercooked beef, infected with tapeworm, can cause tapeworm in man.

Fluke disease, which is a serious disease in man, can be transmitted to him by eating infected watercress. In the prevention of this disease, housewives are warned not to buy watercress from casual sources and are advised to buy only from accredited traders.

Cattle should be kept right away from watercress beds and from streams passing through their pasture land.

Cooling and Refrigeration:

Many outbreaks of bacterial food poisoning would never have occurred if the food, after being cooked, had been rapidly cooled and then placed in a refrigerator until actually required, instead of being left at room temperature overnight and then eaten cold, or warmed up the next day. Food poisoning organisms will multiply and produce food poisoning only if food is kept under certain temperature and moisture conditions over a period of time.

If meat is cooked and allowed to cool slowly in a warm or humid kitchen, or in a warm oven where it has beencooked, any germs, deposited on it from the hands, increase rapidly. Even warming it up later in a stew or mince may not be sufficient to kill off harmful bacteria. All food should be thoroughly cooked and, if not required for immediate consumption, rapidly cooled.

A well ventilated larder or suitable sited safe, preferably with a through-draught or fan, helps good and efficient cooling. A marble slab is invaluable for the cool shelf in a larder and, even here, the food must be carefully protected against flies.

Cooling and Refrigeration (Continued):

As soon as it is cooled, meat can be placed in an icebox, or, better still in a refrigerator, if available.

Refrigerators were frequently regarded as luxuries; but people are now more "refrigerator-minded" although often unaware of the important role it plays in the prevention of food poisoning.

The three groups of bacteria - Salmonella, Staphylococcus and Clostridium Welchii - cause food poisoning only after growth and multiplication in the food.

Growth is prevented only at a refrigeration temperature of 4°C.or below.

Where cold rooms are not available, the hot meat should be left in a cool draughty place for 1½ hours before storage in the domestic type of refrigerator.

Refrigeration conserves food in a wholesome and palatable condition and definitely retards the growth of bacteria, if they are present. It is,therefore most important that vulnerable foods such as gravy, soup, stock, custard and cak fillings, on which food poisoning bacteria can increase easily, should be stored at a low temperature in a refrigerator or a cool larder to prevent the germs fro multiplying.

It is not generally appreciated that the germs which commonly cause food poisoning do not necessarily alter the smell, taste or appearance of the food.

Practice:

The Chief Medical Officer to the Ministry of Health has stated:-

"The remedy is largely in the hands of caterers. Nowadays there is little excuse for unhygienic practice in the preparation and serving of food; the risks are well known and the simple methods by which they may be avoided are within the reach of all. That they are not practised is a direct reflection upon the management responsible".

A high standard of hygiene for food traders is best obtained by observing the following simple rules:-

1. Protection of food from all sources of contamination (dust and droplet infection as well as from flies, cockroaches, rats and mice).
2. Personal cleanliness of "food non-handlers".
3. Proper storage and display of food at a safe temperature.

A recent report from the Public Health Laboratory Service on Food Poisoning in England and Wales, states: "Good hygiene and the exclusion from food handling of persons with septic lesions on the skin will not by themselves ensure the safety of such frequently implicated foods as brawn, pressed meats, ham and bacon - the additional measure is refrigeration".

As a regular customer, the housewife can, however, influence traders by making it clear that she only chooses those who take special care to ensure the freshness and cleanliness and good storage of foods which they sell.

Protection of the public and family lies in personal hygiene, kitchen hygiene and the good management of the buying, storing, cooking and cooling of the food.

Practice (Continued):

Routine inspection of food premises is proceeding and any complaints received by this Department are thoroughly investigated.

In this connection, the Health Department would be glad to receive from the general public, complaints of unhygienic methods practised in any food shops.

Food Poisoning Statistics 1953 - 62.

(Public Health Laboratory Service)

| Year | General Outbreaks | Family Outbreaks | Sporadic Cases | Total Incidents |
|---|---|---|---|---|
| 1953 | 492 | 422 | 4,363 | 5,277 |
| 1954 | 506 | 630 | 4,880 | 6,016 |
| 1955 | 612 | 723 | 7,626 | 8,961 |
| 1956 | 563 | 616 | 6,534 | 7,713 |
| 1957 | 473 | 501 | 6,097 | 7,071 |
| 1958 | 285 | 601 | 6,414 | 7,300 |
| 1959 | 295 | 666 | 6,885 | 6,428 |
| 1960 | 262 | 616 | 5,550 | 6,428 |
| 1961 | 229 | 490 | 4,668 | 5,387 |
| 1962 | 159 | 551 | 3,811 | 4,521 |

Throughout the whole of the past decade, the most striking feature has been the enormous number of "sporadic" cases isolated.

Figures in the above table clearly show that, although the general outbreaks of food poisoning that occur in schools, canteens, hotels and restaurants, etc., have dropped appreciably over the past ten years, family outbreaks are still above the 1953 figure. The number of outbreaks in hospitals and institutions showed little change from 1961.

In 1962, there was a continuation of the downward trend of total incidents noticed since 1959.

But this is no time for complacency, for these thousands of "incidents" represent many more thousands of people affected and show the need for more awareness amongst householders. In 1962, over 9,000 persons were affected; this represents a decrease of 16% in the number of incidents compared with 1961 and a decrease of 24% in the number of cases. The reduction in sporadic cases of Salmonella infection and the increased number of family outbreaks may indicate that information on Salmonella infection is becoming more complete. Although there was a reduction of 10% in incidents due to Salmonellae, this is a continuing problem arising from the transfer of infection by human contacts or by equipment used in the preparation of the food.

Salmonella infection accounted for 63% of all incidents and Clostridium Welchii proved to be the cause of about a third of the school outbreaks.

Food Poisoning Statistics 1953-62 (Continued):

In 79% of the food poisoning outbreaks, in which a particular food was incriminated, meat or meat products were the source of infection and in 2/3 of these, processed and made-up meat dishes were involved. In only six outbreaks was canned meat suspected.

Processed and made-up meat dishes were implicated in half the outbreaks due to Salmonellae and Staphylococcal infection and in three quarters of the outbreaks due to Cl.Welchii.

Statistics show that people are spending more on food than ever before; and one of the causes of food poisoning in families might be partly due to changes in our food habits. The wide variety of processed foods now available to the housewife - some partly prepared and some deeply frozen - are prepared in excellent and hygienic conditions, and are time and labour saving; but they can easily be contaminated and become a vehicle for food poisoning, if not properly handled and stored.

It is also important to read the instructions carefully on labels of such foods and to comply with the directions for their treatment, cooking and storage.

## HEALTH EDUCATION

The Central Council for Health Education has extended its information services to cover the ever widening field of public health.

It continues to supply the Department with relevant facts and figures relating to topical subjects and specific problems.

Whilst the Food Hygiene Regulations may help to decrease food poisoning due to organisms other than Salmonellae, there will be little difference in the general picture so long as the distribution of contaminated food stuffs is allowed to continue.

In recent years, the search for possible vehicles of infection in the United Kingdom has revealed hitherto unsuspected potential sources of Salmonellae: American spray dried egg, Chinese and Australian crystalline and liquid egg albumen and liquid whole egg, dessicated coconut from Ceylon, bone meal and fish meal from Central Africa and the Middle East together with imported meats from various European countries.

These imported food stuffs (egg products, dessicated coconut, meats and animal feeding stuffs) have given rise to a vast reservoir of Salmonella infection.

Research is still proceeding; and it is pointed out that animal feeding stuffs and fertilisers are not, however, such important sources of human infection as are egg and meat products.

If egg and egg products, meat and meat products, and feeding stuffs and fertilisers could be protected from contamination with Salmonella in the first place, or if all products likely to be contaminated with Salmonella could be adequately heat-treated, the incidence of food poisoning would fall considerably.

Health Education (Continued):

Authorities state there is no evidence to show that food poisoning organisms are present in the flora of newly caught fish or that fish suffer from Salmonella infection; but the situation is quite different with poultry or meat. Salmonellae are often present in the intestines of both diseased and healthy animals. The infection may easily be spread in slaughterhouses and food shops or kitchens by dogs, cats, rats, mice or even pigeons, as each of these species may carry the germ. But infection of beef and beef products appears to occur more frequently after slaughter and possibly after the meat has left the slaughterhouse.

"Prevention of Salmonella food poisoning depends on knowing more of the potential sources of contamination and is a long term problem; otherwise the remedies for the elimination of food poisoning are simple and can easily be applied".

For the present, the public should note that fresh meat and fish, cooked and eaten when hot, fresh vegetables and fruit and pasteurised milk and canned foods of all kinds are seldom implicated in food poisoning.

In order to encourage good habits of personal hygiene among members of the staff of catering establishments, housewives and others, the Ministry of Health has prepared several illustrated, coloured posters on the subject of food handling, which are a great asset when linked with routine inspection and supervision.

I am indebted to the Information Division of the Ministry of Health for their help during the year.

## "EAT, DRINK AND BE MERRY....."

A recent report by the Joint Committee of the Central and Scottish Health Services Councils states:- "More health education is needed to discourage overeating and smoking and to promote the habit of exercise and the healthy use of leisure at all ages - especially middle aged men".

And Dr.Yudkin, Professor of Nutrition at the University of London, found- as a result of a hospital survey - that those with coronary thrombosis and arterial disease ate twice as much sugar as the others and concluded:- "the less you eat, the safer you are".

But, we can at least be Merry!

## THE CASE FOR PASTEURISATION.

A recent outbreak of Salmonella Heidelberg infection[1] was caused by the consumption of infected T.T.raw milk from vending machines in the New Forest and Southampton area.

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1. Brit.Med.J.(1964),479-480.

The Case for Pasteurisation (Continued):

This year, the Ministry of Agriculture, Fisheries and Food launched a publicity campaign for free vaccination of calves against Brucellosis "Vaccination will reduce the clinical symptoms of the disease in the cow, but the animal can still secrete the causative organism and excrete them in the milk".[2]

The fact that milk from cows, effectively vaccinated in calfhood, may contain Brucella organisms signifies that heat-treatment is essential.

Pasteurisation would eliminate all milk-borne infection from the non-farming community and special attention could be focussed on the animal handlers and vulnerable workers concerned.

Those, who oppose compulsory pasteurisation, will no doubt claim that total pasteurisation is impracticable owing to the remoteness of some dwellings from a pasteurising plant and distributing establishment; and this must, of course, obtain in a few instances. But exceptions should not be allowed to influence any decision to make pasteurised milk available.

Compulsory measures, introduced in accordance with a programme, could include a declaration of specified exemption areas where pasteurisation is said to be impracticable. Pasteurisation elsewhere would prevent all milk-borne infection - including milk-borne brucellosis - from continuing to inflict these unnecessary and preventable illnesses on mankind.

## HISTORY OF SMOKING

"Tobacco" derives its botanical name (Nicotiana) from Jean Nicot, a French diplomat, who first became acquainted with its properties in Lisbon (1559) and introduced it into France and, incidentally, to Catherine de Medici.

Tobacco first came to England in Elizabethan times; when, in 1586, Sir Francis Drake and the first Governor of Virginia brought smoking materials and implements to Sir Walter Raleigh, who rapidly popularised the custom.

Smoking was then suspected to be the cause of silence, so women did not smoke for a long time.

Two Popes (Urban VIII and Innocent XI) issued decrees against tobacco; Sultan Amuret IV of Turkey proclaimed smoking to be a crime for which the punishment was thrusting their pipes through their noses; and the Russians even cut off the noses of the offenders in the earlier part of the 17th century.

Following a publication in defence of smoking, King James I of England issued his historic Counterblast to Tobacco, in which he described its use as "a custom loathsome to the eye, hateful to the nose, harmful to the brain, dangerous to the lungs and, in the black stinking fume thereof, nearest resembling the horrible Stygian smoke of the pit that is bottomless".

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2. Municipal Engineering (7th Feb.1964),233.

History of Smoking (Continued):

It is of interest to learn that, in those early days, a school teacher was considered unsuitable if he were "a puffer of tobacco".

However, in the reign of Charles I, it was realised that tobacco taxation was of considerable help, and denunciation from high places dwindled.

Later, in the 17th century, the physicians themselves praised the usefulness of smoking during the Great Plague; however, the habit apparently became so revolting that laws were subsequently passed prohibiting the practice - for which offence, deportation was a possible punishment.

The cigar came in George III's reign; and the cigarette appeared in the 1850's. A soldier, who returned from the Crimean War, started making tubes of tobacco in yellow paper. These were known as "yellow perils" and were denounced by the clergy.

Hand-made cigarettes were followed by the machine-made variety in 1891.

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"Smoking" by H.D.Chalke. Chamber's Encyclopaedia (1883) Vol.IX.
Royal Society of Health Journal (1964) Vol.

## EXAMINATIONS.

In every age, some form of Test has been devised to separate the sheep from the goats.

In prehistoric times, the man with the finest physique probably attained the greatest distinction. Later on, it was the skill with weapons of war, no doubt, that selected men for the highest honours; and it was not until man began to read and write that examinations - as we know them today - became a means of selection.

Students differ profoundly in their attitude towards examinations; some are afraid of them, some like them and some even revel in them - depending to some extent, on how good they generally are at written, oral or practical examinations.

In this enlightened age, the value of possessing certificates of passing this or that examination cannot be disputed; and the anxiety of parents may well be reflected on to children who are sensitive and worried about failure.

It is hoped that the following advice, given by an Examiner to an unsuccessful candidate, will stimulate students:-

Examinations (Continued):

## Filtration

The Filter and Precipitates,
In a lab, conversed one day
About the Filter Paper
Which was much too stiff said they.

"Let through more Filtrates at a time,
It is our urgent prayer,
For this is not competitive
But just a pass affair."

The Filter answered, "You, I fear,
Are lacking comprehension,
For if my Paper hangs you up
You must expect suspension."

"Now surely it is obvious;
In fact, it's common sense, -
The cause of failure in your case
Is that you are too dense."

"You get yourselves in such a cloud
From over-concentration,
That you are bound to be referred
For re-examination."

"So take my tip and try again,
Decide to leave off cramming;
For, if more lucid you become
You will avoid the damming"!

"We thank you for your prim advice,
It is the clear solution,
Which we have sought, for six long months,
To win us absolution."

* * * * * * * * * * *

O lucky Filtrates, who have passed
The strain without arrest!
We still have hopes of trickling through
The final Paper test.

# A C C I D E N T S

## (IN THE HOME)

More people are killed by accidents in the home than by accidents on the road, the fact is not really surprising since people spend more time in their houses; but it does mean that we must do everything we can to reduce home accidents.

Over 7,700 persons die annually in England and Wales as a result of accidents in their homes. Most fatalities result from four main causes - falls, poisoning, burns and scalds and suffocation,and of these,about 800 are due to burns and scalds.

More than three-quarters of the fatalities concern the young and the old, and as high a proportion as two-thirds involve infants under one year and elderly people of seventy-five and over who are prone to falls, gas poisoning and burns. The majority of home accidents are preventable.

Thermal Accidents: Statistics about non-fatal accidents are not available, but it is estimated that each year not less than 50,000 persons need hospital treatment for burns and scalds caused by domestic accidents and that about 80% of the deaths, resulting from extensive burns, are due to clothing coming into contact with the heating element or flame of an unguarded or inadequately guarded coal, gas, electric or oil heating appliance. "Open" fires are responsible for more fatal accidents than any other type.

Scalds are a much lower death rate than burns, but the incidence nearly equals that of burns and the degree of disfigurement or disablement may be equally severe. They occur most commonly in children under five years of age, and the most serious accidents result from children falling into buckets or basins if hot water is placed on the floor. They may also be caused by children pulling over themselves vessels, saucepans or pans containing hot fluids or fat or by pulling the flexes of electric kettles.

(Electric Blankets): The Fire Protection Association reported that, in the year ended June 1962, more than 7,000 fires were caused by electric blankets. They injured 61 people, two of whom died.

Most of the victims slept with the blanket switched on.

In spite of the fact that instructions are issued not to fold electric blankets, folding of blankets is given as the main cause of fires. The resultant creasing of the heating element can cause a short circuit or broken element.

The survey says fires have risen out of proportion to the number of blankets in use. They have risen from 11.6 per 10,000 in 1950, when 556,000 were estimated to be in use, to 13.7 per 10,000 in 1961-62 when the estimate in use was 5,557,000.

Burns and Scalds:

The Registrar General records that, during the year, 170 children aged 1-14 years lost their lives in their homes from this cause.

Burns and Scalds (Continued):

Deaths Due to Burns and Scalds in England and Wales
(From the Registrar General's Quarterly Returns)

| | 1963 | | 1962 | |
|---|---|---|---|---|
| | Male | Female | Male | Female |
| 1st Quarter | 36 | 56 | 25 | 31 |
| 2nd Quarter | 21 | 13 | 7 | 18 |
| 3rd Quarter | 9 | 7 | 9 | 7 |
| 4th Quarter | 9 | 19 | 18 | 35 |
| | 75 | 95 .. | 59 | 91 |

The Chief Medical Officer to the Ministry of Education reports:-

"Deaths in girls exceeded those in boys, and this is the only important category in which this reversal is found.

Although girls are more likely to be helping with cooking than boys, the most obvious cause is the difference in design and texture of girls' clothes. Day clothes are not so close-fitting, and the hem of a skirt can easily come into contact with an unguarded fire. The same can be said of night clothes as long as night dresses are preferred to pyjamas for girls.

Where the accident is not fatal, a child may sustain varying degrees of physical injury or of emotional damage and aesthetic defects may persist."

Preventive Measures: The majority of these burning and scalding accidents could be avoided, and, in spite of the publicity that has been given to the subject during recent years, the position has not MUCH improved.

While propaganda of all kinds plays a valuable part in prevention, it is the personal contact of doctors, nurses and social workers with the people in their homes that is likely to bring the most rewarding results.

Efficient Fireguards: The most effective simple way of reducing the number of serious burning accidents is by the use of the properly designed and fixed fireguard of the British Standard Specification. It forms a protection from burning or falling into an open fire, by children tampering with one, or by clothing accidentally brushing against a fire.

Burns and Scalds (Continued):

Safer Clothing: The most frequent cause of serious burns is clothing catching alight. The provision of fireguards for all types of fires and the choice of safer garments for women and children to wear will reduce these accidents. The flammable nature of nearly all fabrics currently in use makes the guarding of fires doubly important. Pyjamas are much safer than night-dresses, particularly for children. Full skirted party dresses and other loose flimsy garments also require special caution. Under Home Office Regulations, it is an offence to sell children's nightdresses made of flammable material for girls under the age of 13 years; only nightdresses made of flame-resistant material can be offered for sale. Where a child's nightdress is made of a fabric, which has been treated with chemicals to make it safe from fire, that nightdress shall bear a warning label against washing it with soap or soap powder and against boiling or bleaching it.

Prevention of Scalding Accidents: Although in some cases, scalding accidents may be precipitated by the shape, design and use of the kitchen or by the form of domestic equipment, it is nevertheless clear that the majority of incidents are due to carelessness.

While the final responsibility for the prevention of burns and scalds in the home must rest with the householders, every authority, organisation and individual has something to contribute to the provision of safety in the home and it is only by the combined efforts of everyone that the incidence of burns and scalds can be reduced.

## A C C I D E N T S:
## (ON THE ROAD)

I am indebted to the Royal Society for the Prevention of Accidents for the following table and information on road accidents in Great Britain during 1963.

"It was decidely the worst year of all for casualties, the total never having exceeded 350,000 before. Compared with 1962, accidents increased by 7,499 (or 2.8 per cent) and casualties by 14,483 (or 4.2 per cent). The number of deaths rose by 213 (or 3.2 per cent), serious injuries by 3,861 (or 4.6 per cent) and slight injuries by 10,409 (or 4.1 per cent)."

(a) Motor Cycles:

| Year | Injuries to riders and passengers of motor cycles, motor scooters and mopeds | | |
|---|---|---|---|
| | Killed | Serious | Slight |
| 1954 | 1,148 | 15,847 | 35,536 |
| 1961 | 1,544 | 26,085 | 67,673 |
| 1962 | 1,323 | 24,256 | 61,034 |
| 1963 | 1,279 | 23,476 | 57,655 |

(a) Motor Cycles (Continued):

"In percentage terms, the casualties last year compared with 1962, decrease as follows: motor cyclists 5.2 per cent, their passengers 7.3 per cent; motor scooterists 3.3 per cent, their passengers 14.1 per cent; whereas the figure for moped riders rose by 5.5 per cent. Reductions in the casualties were to be expected, as traffic in these categories decreased as follows: motor cycle 13 per cent, motor scooter 14 per cent, moped 10 per cent; although, of course, there was a substantial increase in the volume of heavier traffic, such as cars and goods vehicles."

The Road Research Laboratory has revealed that the wearing of a safety helmet reduces by 30% to 40% the risk of head injury.

A man on a motor cycle is about 18 times more likely to be injured than a man inside a car; and the damage is far greater.

(b) Motor Vehicles:

Casualties to motorists rose by 16.4 per cent and to other drivers 14.3 per cent.

Car Seat - Belts:

A recent report* on an analysis of the injuries sustained by car occupants by two members of the Road Research Laboratory, gives details of 600 car accident in which 837 drivers or front seat passengers were wearing seat-belts.

The following is an extract from the article:-

"The seat belts were of types approved by the British Standards Institution.

For the purposes of comparison, the seat belts of different makes can be divided into four types:-

The full harness, the lap and diagonal with pillar fitting, the lap and diagonal with floor fitting and the diagonal only.

No fatalities are included and there are indications that slight accidents are not fully represented; but there is no reason to suppose that these defects affect the comparisons made.

All types of seat-belt were effective in reducing injuries to the user; when the seat-belts were worn, the percentage not injured was 66%; whereas, in the sample in which either the belt was not worn or there was no belt available, the percentage of persons not injured was only 32%.

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* "The Practitioner" September 1963 Vol.191. by R.D.Lister and Barbara M. Milson.

Car Seat - Belts (Continued):

The percentage of persons not injured while wearing a seat-belt was about the same for each of the different types of seat-belt, but there were slight differences in the pattern of the injuries:-

Where the diagonal belt was worn, injuries to the head and neck were slightly less than for the other types of belt, but injuries to the chest were slightly greater.

A single diagonal belt, which has one anchorage on the door pillar and one on the floor, usually provides more restraint for the upper part of the body than belts that have all-floor anchorage points. Injuries involving the head are therefore less likely with the single diagonal belt, but slight chest injuries are more likely.

Although the numbers are small, the lap and diagonal belt with a pillar fitting gives rise to a smaller proportion of serious injuries than the lap and diagonal with floor fitting.

The percentage of injuries to the legs and feet was practically the same for all types of seat-belt and was only slightly greater when either no belt was worn or there was no belt available, since the legs and feet are relatively unrestrained in each case.

The overall reduction in injuries through wearing the belt was 51 per cent. Serious injuries were reduced by about 80 per cent.

This survey shows that, in August 1962, about 7% of cars studied were fitted with seat-belts. Thus, in spite of the considerable benefits to be derived from their use, seat-belts are still not widely fitted and worn."

## A C C I D E N T S

## (IN THE WATER)

During 1963, there were 637 deaths from drowning in Great Britain:- 79% were males 28% were children under fifteen; and one in six was aged sixty-five or over.

In an excellent report on "Drowning", Dr.C.A.Boucher of the Ministry of Health has emphasised the following important facts:-

"It is maintained that inland waters - particularly rivers, canals and quarries - constitute a greater danger, especially to children, than coastal waters. The Coastguard Section of the Ministry of Transport reported small-boat and bathing incidents in 1961 in which 736 persons were involved and 90 were drowned."

Accidents (In the Water) (Continued):

The case histories of the Royal Humane Society suggest that non-swimmers are usually the victims and make it clear that panic is the greatest danger to survival.

In a survey of entrants into the Royal Navy, recruits to the Army and students in training colleges, two thirds were unable to swim. At the same time, two out of three children who left school were also found to be unable to swim.

PREVENTION:

Prevention of drowning accidents depends on education stressing the dangers of water, particularly of deep or swiftly flowing water. Water safety should be as widely taught to children as road safety. Parents should encourage their children to learn to swim.

The Headmaster of Petersfield Secondary Modern School states that during the Summer Term 1963 approximately 750 children received swimming instruction and practically all were able to swim to some extent by the end of the term. Approximately 150 children could swim at least a full length of the bath and approximately 60 children could swim at least two full lengths.

The Royal Society for the Prevention of Accidents has published a Water Safety Code and, for those who sail, a booklet entitled "Safety Afloat".

According to "WHICH":-

"A good life-jacket will not only keep you up, with your face and nose clear of the water; it will turn you over, within a few seconds, into the safest position - that is, on to your back and leaning back at an angle of roughly $45^{\circ}$, your feet down in the water, your face well out of it....."

This position - at $45^{\circ}$ to the surface of the water - tends to prevent the head from falling forwards and is a good compromise between the vertical and horizontal. In a vertical position, waves will cause periodical immersion of the head and possibly sea sickness; while, in an horizontal position, the tongue may block the throat.

According to British Standards Institution:- "Any life jacket made to BS 3595 and bearing the kite-mark will be of a very high standard indeed". Several kite-marked jackets are now on the market and it is hoped that yachtsmen will equip themselves only with these approved models.

A First Aid Supplement on Emergency Resuscitation has recently been published by the St.John Ambulance Association, the British Red Cross Society and the St.Andrews Ambulance Association.

## ACCIDENTS

## (CHILDHOOD DEATHS)

The Registrar General's figures for accidental deaths in childhood (0-15 years) were 1,817, compared with 1,789 in 1962. There were more deaths in this age group than for any single disease.

They must be attributed mainly to inadequate supervision; but carelessness, thoughtlessness, apathy and lack of knowledge of the adults in charge, all play their part.

The greatest effort in prevention is needed against road accidents, burns and scalds and drowning.

DROWNING:

During the year, 180 children lost their lives as a result of drowning.

Drowning can occur at home, but this is usually in infants in the first year of life, in the bath; it is quite a different problem from drowning outside the home.

Deaths due to Drowning in England and Wales 1963 and 1962
(Childhood Deaths: 0-15)

| | 1963 | | 1962 | |
|---|---|---|---|---|
| | Male | Female | Male | Female |
| 1st Quarter | 20 | 3 | 35 | 3 |
| 2nd Quarter | 50 | 15 | 57 | 8 |
| 3rd Quarter | 59 | 13 | 65 | 10 |
| 4th Quarter | 19 | 1 | 20 | 2 |
| TOTAL | 148 | 32 | 177 | 23 |

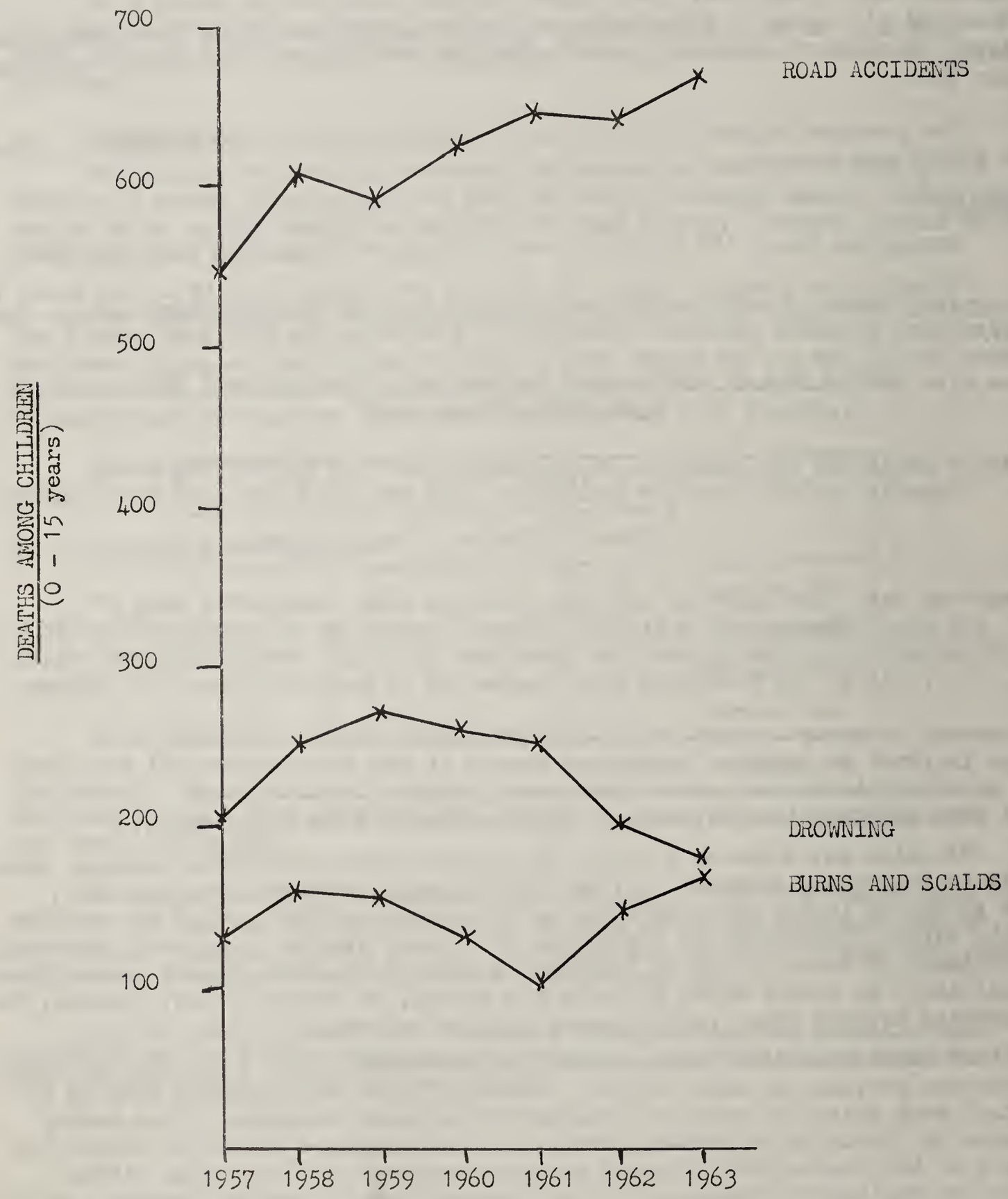
The Chief Medical Officer of the Ministry of Education reports:-

"A child may drown as a result of entering deep water while bathing, when he is an inadequate swimmer; or from falling into deep water from dry land, when he had no intention of bathing; or through an accident whilst he is in or on the water, the methods of prevention are widely diverse. In the first group, proficiency of swimming and in learning to appreciate water hazards should reduce casualties. In places where currents are strong, or beaches shelve rapidly, the inadequate swimmer needs protection by warning notices.

On bathing-beaches, where conditions are occasionally dangerous and beach-guards are provided to warn bathers, school children will commonly respond as if they were under the care of a teacher of physical education. This safety measure is likely to be wasted, however, if adult bathers refuse to accept the advice of the beach-guard. In the case of drowning, an accident is either fatal, or followed by complete physical recovery; and, in many instances, skilled first aid measures suffice."

Childhood Deaths (Continued):

The following record of the number of child deaths over the last seven years emphasises the need for far more vigilance on the part of those responsible for their training, care and supervision.



## A C C I D E N T S

## (OLD PEOPLE)

The accident rate is high in old people. With increase in age, physical and mental deterioration may reduce the capacity to co-ordinate thought and action. Some old people become fatigued, forgetful or absent minded, and these psychological features may be accompanied by physiological changes, failing vision, impaired hearing and sense of smell, and muscular weakness and the infirm and the handicapped are liable to accidents through inexpert handling of heating and lighting appliances and inability to avoid obvious hazards. Falls account for nearly two-thirds of fatal home accidents and nine-tenths of these fatalities affect people of sixty-five and over.

## OLD PEOPLE'S WELFARE

In this Area, the Old People's Home, under the control of the County Council, which provide accommodation for about 58 old people from all parts of the county, is Coldharbour Wood, Rake (Telephone: Liss 2326).

I am indebted to Mr.F.J.Bryan Long, County Welfare Officer, for the following information on the County Council's Scheme for permanent and short stay accommodation in Old People's Homes, and for placing elderly people in private households under the County Council's Placement Scheme.

Admissions to Old People's Homes during the year ended 31st December, 1963.

Altogether, 360 persons were admitted during the year, this represented a turnover of 38.7% of the average total of 930 beds provided in the County Old People's Homes. Included in these admissions were 79 or 22% of the total direct from hospitals.

Provision of Short Stay Accommodation in Old People's Homes:

The Welfare Committee of the County Council operate a scheme whereby any places temporarily vacant in the County Homes for old people are made available to elderly persons to enable the relatives or friends with whom they live to take a holiday.

Such temporary vacancies arise when residents are in hospital or away on holiday and when a new resident needs time to clear up his affairs. Some use is also made of sick bays during the summer months when there is less demand for nursing care.

This scheme enables people, who normally look after aged relatives, to obtain temporary relief from responsibilities they have undertaken whilst they go on holiday or occasionally when they themselves are ill.

During the year 1963, altogether 132 old people were admitted to Old People's Homes under the scheme, in addition to the 360 permanent admissions.

Provision of Short Stay Accommodation in Old People's Homes (Continued):

In this district, there were 24 admissions (including 8 short stay admissions) to Old People's Homes. In addition, 270 visits were paid to aged and infirm and handicapped persons.

Accommodation under this scheme cannot be offered to old people needing regular medical or nursing care; generally they should be able to wash and dress themselves, get to the dining room for meals and attend to their own toilet.

Applications for short stay admission may be made either to the local Area Welfare Officer or direct to the County Welfare Officer at The Castle, Winchester

County Placement Scheme:

The Welfare Department first began a "home finding" scheme in 1952. It is a scheme for placing elderly people, who are active enough not to need constant care and attention, in suitable private accommodation; and it is proving very successful in maintaining the independence of old people and in finding suitable accommodation for them.

In the 10 year period (1st January, 1952 to 31st March, 1963) a total of 621 aged and handicapped persons were placed in suitable private accommodation, 275 men and 346 women.

There are many old people today living alone, who may have accommodation which they would be glad to share with an elderly person, and whose companionship would enable them to live a fuller life and offset loneliness.

No average charge figure is available. Terms are negotiated separately in each case in the light of the standard of accommodation and services offered, the financial resources of the applicant and any other relevant factors.

Foster homes are found through press advertisements and contacts through voluntary and statutory bodies.

Foster homes are found mainly on a short stay basis, but considerable numbers of people are permanently boarded. Some old people often share a home with another. Alternative action to boarding out is considered when applications are made. Visiting is done by County Welfare Officers. A geriatric social worker has been appointed to co-ordinate and develop the Placement Scheme and to specialise to a greater degree in bringing together people with similar interests. It is also intended to make follow-up friendly visits to give advice and practical assistance to assure them that somebody is available to help them solve their problems.

Special Housing:

The Council co-operate with District Councils in providing Special Housing Schemes for old people, of which they are now 49 in the County covering 700 units of accommodation, are proving to be very successful in enabling old people to maintain an independent life in the community much longer than otherwise would be the case. The schemes, which consist of groups of bungalows and flats especially designed for old people, are provided by Housing Authorities and Housing Associations with financial assistance from the County Council. A warden is appointed for each scheme to give help to residents where necessary

Special Housing (Continued):

and a bell system is installed so that assistance is available quickly in an emergency.

Domiciliary Meals Service:

The Domiciliary Meals Service, by which hot meals are delivered twice or three times a week to old people who have difficulty in cooking for themselves, has been greatly extended in recent years. There are 25 schemes in the County and approximately 1,300 meals are being served every week. The schemes are operated by the Women's Voluntary Service or in some cases by Old People's Welfare Committees, and the County Council and the District Council concerned share the cost of capital equipment and the deficiency on running costs.

Schemes now operating in the Petersfield Rural District cover the parishes of Rowlands Castle, Clanfield and Horndean and a further scheme serving the parishes of Steep and Froxfield will commence shortly.

Chiropody Service:

Very good Chiropody services have been established for old people by the British Red Cross Society, the Hampshire Council for Social Service and the numerous local Old People's Welfare Committees.

The Minister of Health has suggested that, at this stage, priority should be given to the elderly, the physically handicapped and expectant mothers, and that Local Health Authorities might wish to develop their Schemes by using existing voluntary services.

The Hampshire County Council will make grants to both the British Red Cross Society and the Hampshire Council of Social Service; and the latter will make small grants to the various Local Old People's Welfare Committees.

Further development of the Chiropody Service in relation to the physically handicapped and expectant mothers will be dealt with through the British Red Cross Society.

Marie Curie Memorial Foundation:

The above Foundation operates a scheme whereby help can be given to meet the urgent needs of necessitous cancer patients being nursed at home.

The County Medical Officer has been appointed as agent for the County Scheme which will provide these patients with help 'in Kind' (e.g. linen, bedding, laundry necessities, special equipment for the comfort of the patient etc.).

## HOME HELP SERVICES

Mrs.Homes, Divisional Home Help Organiser, has been appointed County Organiser for West Sussex and I am indebted to Mrs.A.Gray, her successor, for the following information on the Home Help Service and the Good Neighbour Scheme.

Home Help Scheme:

This service is provided, on medical recommendations, where there is a nee for domestic help owing to a confinement, sickness, old age and infirmity.

Priority is given to cases where a mother is confined at home and to cases where a mother may be confined in hospital but discharged to her own home after a limited period.

Application for service should be made to The Home Help Divisional Supervisor, Mrs.A.Gray, at the rear of The Town Hall, Petersfield. The office is open Monday - Friday, 9a.m. - 12 noon, when Mrs.Wilson is available but messages may be left at The Town Hall up to 5.30p.m. Monday - Friday (Telephone: Petersfield 771).

Good Neighbour Scheme:

The Good Neighbour Scheme has been inaugurated by the Hampshire County Council as an extension to the home-help scheme. It has been introduced owing to the increasing demands on the Home Help Service; and it is hoped that this scheme will ease difficulties experienced in recruiting sufficient numbers of home helps.

Women, who are willing to give what assistance they can to neighbours in need of help, but who are not prepared to accept the full terms of service of a Home Help, can be employed to care for neighbours - particularly old people or chronic sick persons qualifying for help in the home.

Each case will be considered on its merits and will require the approval of the County Medical Officer.

The persons employed will not be required to work fixed hours, but will be paid by the Council for the services they give. They are expected to undertake essential household duties and "keep a friendly eye on the patient".

This service is more appropriate than the home-help service in cases where frequent visits during a day are more beneficial to the patient. It also helps to combat loneliness and lessen the risks which are attendant upon an old person on being left alone for long periods.

The Home Help Organiser supervises the arrangements to ensure that the assistance afforded is adequate.

## INTERNATIONAL TRAVEL

Travellers from abroad, who may have been contacts of smallpox or other dangerous diseases while out of this country, are required to show their doctors' notices issued to them on arrival at airports in the event of their becoming ill during the succeeding twenty-one days.

Passengers undertaking international travel must be in possession of certain vaccination certificates, depending upon the place of departure, the countries of transit and the destination. International certificates are issued in connection with smallpox, yellow fever and cholera.

All persons travelling from any place in Asia, Africa or the Americas, (excluding Canada and the U.S.A.) or from any smallpox-infected local area wherever it may be, are now required to produce a valid International Certificate of Vaccination against smallpox on arrival in the country.

The International Sanitary Regulations, 1956, specify the following periods for the validity of international certificates of vaccination:-

| Type of Vaccination | Validity (after date of Vaccination or inoculations) | |
|---|---|---|
| | Begins | Ends |
| Smallpox - primary vaccination | 8 days | 3 years |
| Smallpox - re-vaccination | At once | 3 years |
| Cholera - primary vaccination | 6 days | 6 months |
| Cholera - re-vaccination | At once | 6 months |
| Yellow Fever - primary vaccination | 10 days | 6 years |
| Yellow Fever - re-vaccination within six years | At once | 6 years |

Smallpox vaccination within the previous three years is required before entry into many countries.

Yellow fever inoculation during the preceding six years is required before entering or passing through regions of Central and South America or Africa, designated as "Yellow Fever Receptive Areas".

For travel into or through countries where cholera is endemic (India, Pakistan, Burma, etc.) immunisation against cholera within the preceding six months may be required. But the health authorities of some countries vary these periods and details of immunisation requirements can be obtained from the airline or steamship company concerned, or from the Consulates of the countries to be visited.

Persons, who are required to be vaccinated or inoculated against more than one disease, are advised to tell the doctor of all the vaccinations or inoculations needed as they may have to be done in a particular order with certain minimum intervals.

The vaccinations against smallpox and cholera must be recorded on the international certificate form prescribed by the World Health Organisation, dated and signed by the doctor doing the inoculation, authenticated and stamped at the office by the Health Department of the District.

The international certificate forms for smallpox and cholera vaccinations must be obtained (by the traveller himself) from the travel agency or Ministry

of Health; those for yellow fever are obtained at certain recognised centres where the vaccination is performed.

In this area, yellow fever vaccinations are carried out at The Health Centre, Kings Park Road, Southampton, once a week (on Wednesdays) and the traveller is advised to make an appointment by telephone - Southampton 23788.

The Ministry of Health advises that, during typhoid epidemics in this country, where typhoid fever occurs only occasionally, there is no need for general inoculation against it and other enteric fevers.

Inoculation of people incubating the disease does not confer any immunity because the development of immunity takes a period of four to six weeks.

But conditions are quite different in countries where typhoid fever is common; and it may be advisable to immunise persons who intend to travel to regions with warm climates and to certain countries on the Continent of Europe against the enteric group of fevers.

For inoculations where no international certificate is required, an ordinary certificate by the doctor is sufficient.

## TRAVELLERS' TROUBLES

A holiday in Europe is a joy for ever; but an intending traveller should always consider some of the incidental hazards to health.

Enteric infections are generally commoner on the Continent (particularly in Eastern and Southern Europe) than in Britain; and, apart from avoiding unnecessary risks with food and drink, inoculation with T.A.B. vaccine is a sensible precaution. But, in order to obtain full benefit from the vaccine, it must be completed some weeks before the journey. What so often happens is that the patient puts off seeing his doctor until it is too late.

Travellers, not immunised against poliomyelitis, should remember that this infection is still endemic in parts of Europe; and that immunisation is easily carried out in 3 - 4 months.

A frequently forgotten hazard is that, in most countries, the tourist has to bear the full cost of any medical treatment abroad. There are, at present, no provisions for free treatment in France, Italy, Spain, Portugal and Germany; and the complete cost of the illness has to be borne by the tourist. The thoughtful traveller would do well, therefore, to make full enquiries about the countries he will be visiting and not omit to take out some sort of insurance policy, if necessary.

So far, there are full reciprocal arrangements only with the Scandinavian Countries, New Zealand and Yugoslavia.

The Parliamentary Secretary to the Ministry of Health, urged anyone who intended to travel abroad to insure against the risk of accident or illness.

## SMALLPOX VACCINATION

The speed of air travel makes the task of preventing the imported case of smallpox particularly difficult; so the earliest possible detection of the disease is of the utmost importance in preventing the spread.

Outbreaks of smallpox in this Country generally arise from the importation of the disease from abroad; smallpox may be introduced into this Country in an insidious way through the entry of persons in apparent good health, but in whom smallpox is incubating.

In such circumstances, the disease - modified by vaccination - has often gone unrecognised until it has appeared in classical form in others exposed to infection.

The Regional Committee for Europe of the World Health Organisation has expressed its concern about the repeated incursions of smallpox into Europe in recent years.

In the past five years 50 travellers imported smallpox into Europe and infected 250 other people. This year, imported smallpox has caused outbreaks in Sweden (26 cases, 4 deaths) and Poland (111 cases, 7 deaths) and single cases have been reported in Zurich, Budapest, East Berlin and Sofia.

The basis of smallpox control is to isolate the case, seek out and vaccinate all contacts, and keep them under effective surveillance.

Indiscriminate mass vaccination has seldom any value in the control of a smallpox outbreak. While it may be difficult for the public at large to resist the temptation to ask for vaccination whenever an epidemic threatens, it must be appreciated that any demand for wholesale vaccination will only result in diverting the medical manpower from its main line of attack - namely, the tracing, vaccination and surveillance of contacts.

In an emergency, available lymph should be used for the vaccination of contacts (who should receive first priority), of babies, and of travellers abroad.

There is no evidence to justify the suggestion that outbreak control alone would necessarily prove effective in an unvaccinated population; so routine vaccination should continue in early childhood.

For some years, the low acceptance rate and the resulting lack of protection to the individual and the community has caused much concern; the aim should be to see that every healthy infant is vaccinated - not only because routine vaccination in early life is thought to be justified as the first step in establishing a satisfactory immunity in later years, but also on account of the immediate protection thereby conferred, and the occurrence of outbreaks of imported smallpox from time to time only confirms that the extent of immunity against this disease is not sufficient to prevent an epidemic.

Smallpox Vaccination (Continued):

Vaccination protects the individual from smallpox in most instances for several years and can be expected to modify the severity of the disease and reduce the risk of death for a much longer period.

The Ministry of Health recommends routine primary vaccination in the first two years (preferably in the second year) for all infants except the few in whom the well-defined contraindications to routine vaccination exist.

The importance of primary vaccination as a routine is that the antibody response to revaccination, when persons are placed at risk, is likely to be more rapid and to reach a higher level than can be attained by primary vaccination. In other words, the boosting stimulus of revaccination will ensure a rapid and high level of immunity to smallpox infection.

If the first vaccination is put off until adolescence or later, there may be a slight risk; and, since many persons will need to be vaccinated at some time, it is highly desirable that this should be done early in life - if only as an insurance against possible untoward effects of vaccination later on.

Smallpox is no longer endemic in Europe and the chance of the individual stay-at-home Englishman ever encountering it may be remote, but not everyone remains at home and vaccination is often a pre-requisite for travel or for entry into many countries, as well as an essential for persons protection in those areas in which smallpox is endemic. It is necessary in certain types of employment within this country and obligatory for service with the Armed Forces.

So, the probability is that for one reason or another a substantial number of residents in this country will find it desirable to be vaccinated on some occasion during their lives.

The susceptibility of the community as a whole to epidemic smallpox of either the mild or the severe variety cannot be greatly diminished by routine infant vaccination alone. To guard against the social disruption and economic loss which invariably results from the rapid spread of any form of smallpox, it is necessary for the re-vaccination of school children as well as vaccination of infants to be done as a routine.

The re-vaccination of children between the ages of eight and twelve years not only maintains or revives their individual protection, but is likely to facilitate substantially the control of local out-breaks of smallpox. It also ensures that any further vaccination in later life will be less likely to have any serious reactions or complications.

Re-vaccination carried out at school age, is practically trouble free; and this procedure, done as a routine at least once on all children primarily vaccinated in infancy, would substantially diminish the chance of rapid spread of smallpox. So it is hardly surprising that the Ministry of Health is now strongly urging that re-vaccination of school children should be encouraged.

Smallpox Vaccination (Continued):

It is unfortunately something of a paradox that the application of preventative measures, so easily and fully available, should in a great many instances have to await the occurrence of the very condition they are designed to prevent before advantage is taken of them.

During the year, 285 vaccinations against smallpox were carried out:-

| Vaccination | Pre-school Children | School Children | Over 15 years of age |
|---|---|---|---|
| Primary | 149 | 17 | 18 |
| Re-vaccination | 8 | 15 | 78 |
| TOTAL | 157 | 32 | 96 |

## DIPHTHERIA IMMUNISATION

The following information has been based on reports from the Ministry of Health and Registrar General and on pamphlets issued by the Central Council for Health Education.

| England and Wales | 1958 | 1959 | 1960 | 1961 | 1962 | 1963 |
|---|---|---|---|---|---|---|
| Cases | 80 | 102 | 53 | 52 | 16 | 33 |
| Deaths | 8 | - | 5 | 10 | 3 | 2 |

It will be noted from the above table that the fatality ratio of diphtheria has fallen during the last two years; only three of the thirty-three cases died - a fatality ratio of 6.0%.

It will be seen that there was a rise in mortality in 1960 and 1961. This reminds us that diphtheria is still a "Killer" and could again become a serious menace.

An outbreak of diphtheria in Islington during 1963 serves as a reminder that this disease has not yet disappeared. Surveys have shown that symptomless carriers are found only in association with cases in localised outbreaks.

When diphtheria was endemic, the need was to raise herd immunity to at least 75% of the child population.

Diphtheria Immunisation (Continued):

Today, raising herd immunity has served its purpose, and, the need is to provide individual protection for children who may be caught up in a local outbreak. For this, all children would have to be immunised and the objective of the public health service today is, therefore, the immunisation of 100% of the child population. (B.M.J.Editorial 30 Nov.1963).

The Ministry of Health reported that the percentage of children in England and Wales, who may be regarded as "remaining protected against diphtheria" during the past two years, are as follows:-

| Age Groups | 1962 | 1963 |
|---|---|---|
| Under 5 years | 65% | 64% |
| Under 15 years | 54% | 57% |

In this District, 63.6% of the children born during the year 1962, were immunised before the end of 1963.

Children up to five years of age are the most susceptible; but all school children should be immunised.

During the year, 539 immunisations against diphtheria were carried out:-

| Immunisations | Pre-School Children | School Children |
|---|---|---|
| Diphtheria - Primary | - | - |
| Diphtheria - Re-inforcing or "Booster" | - | 6 |
| Whooping Cough alone | - | - |
| Diphtheria/Tetanus combined "Primary" | 1 | 1 |
| Diphtheria/Tetanus "Booster" | 8 | 44 |
| Triple - Primary | 319 | 22 |
| Triple - "Booster" | 38 | 100 |
| TOTALS | 366 | 173 |

Diphtheria Immunisation (Continued):

For some years, attention has been drawn to the serious position that would arise if a high level of immunisation of children is not reached and, thereafter, maintained.

Before the nation wide Immunisation Campaign was started in 1943, the average incidence was 50,000 a year. The scheme quickly got under way and resulted in a steady drop in the number of cases until 1958. Although complete eradication of the disease from an area where cases occur endemically is not an easy matter, there is evidence that there are good prospects for maintaining freedom - once it has been gained - if only immunisation is generally accepted.

Experience over the last few years has shown that in school communities where immunisation rates are low, diphtheria infection, when once introduced, can gain momentum and lead to an outbreak. The need for early immunisation and for booster doses is therefore stressed.

A more complete protection in the under 5 age group would soon cause reduced incidence in the early school (5-9) age group and the disease might well be almost eliminated. Only if an adequate level of immunisation is maintained, can diphtheria be driven altogether from this country.

The great majority of parents nowadays have never known or heard of a case of diphtheria among local children and are more afraid of illnesses they know; but, if they leave their children unprotected, they may gain knowledge of this disease from personal experience.

Complacency, resulting from what has already been achieved, or loss of interest in immunisation, may mean that diphtheria will go on occurring endemically in this country indefinitely, with the ever present risk of a return of high mortality; but a vigorously continued immunisation programme, combined with existing methods of epidemic control, may free us entirely from the disease - except for the occasionally imported case.

Authorities recommend that all children should be immunised before their first birthday and should receive a booster or re-inforcing dose just before entering school, and again when they are about ten years old. If immunisation is carried out before the age of six months, an extra booster is advised at fifteen to eighteen months.

Immunity against diphtheria takes several weeks to develop; but a booster given to those, who have been inoculated earlier in life, will produce rapid protection.

It is, therefore, of the utmost importance for parents to realise that active immunisation in the first year of life and re-inforcing doses of prophylactic in later years are just as necessary in the absence of diphtheria epidemics as in their presence.

Diphtheria Immunisation (Continued):

Children may be immunised by their own doctors, or at the following Child Welfare Clinics:-

(a) Within the District -

Clanfield, Horndean, Liphook, Liss and Rowlands Castle.

(b) In the adjoining Districts -

Alton, Grayshott, Headley, Petersfield, Waterlooville and Stockheath.

## WHOOPING COUGH IMMUNISATION

At the beginning of 1955, the Hampshire County Council's Scheme for Whooping Cough immunisation began operating throughout the whole of Hampshire.

The scheme includes combined immunisations against whooping cough and diphtheria, and triple immunisation against whooping cough, diphtheria and tetanus; it also provides for immunisation against whooping cough alone under the age of five years.

Combined whooping cough and diphtheria immunisation with or without tetanus is often preferred for the primary immunisation of young children, so as to reduce the total number of inoculations needed for immunisations against three infections.

Whooping cough immunisation is generally advised early - at about the third or fourth month.

## POLIOMYELITIS VACCINATION

In May 1956, the County Council's scheme for poliomyelitis vaccination of children, born in the years 1947-54, began in selected areas of Hampshire. The age limit was extended in 1957 and 1958, and by 1959, the age group for registration was raised to twenty-six and the vaccinations were carried out as supplies of vaccine became available.

In February 1960, it was further extended to include persons up to the age of forty years.

In April 1961, arrangements were made for fourth injections of Salk vaccine to be offered to children between five and twelve years of age.

Poliomyelitis Vaccination (Continued):

In February 1962, oral vaccine was made available for the routine immunisation of special groups as an alternative to the inactivated Salk Vaccine.

During the year, 884 vaccinations against poliomyelitis were carried out.

| SALK VACCINE | | | |
|---|---|---|---|
| Year of Birth | Primary | Booster | Fourth Injection |
| 1963 | - | - | - |
| 1961-1962 | 7 | - | - |
| 1943-1960 | 1 | 48 | 28 |
| 1933-1942 | 3 | - | - |
| Others | 1 | - | - |
| TOTALS | 12 | 48 | 28 |

| ORAL VACCINE | | | |
|---|---|---|---|
| Year of Birth | 3 doses | Re-inforcing Doses After 2 of Salk | Re-inforcing Doses After 3 of Salk |
| 1963 | 42 | - | - |
| 1961-1962 | 253 | 96 | - |
| 1943-1960 | 39 | - | - |
| 1933-1942 | 13 | - | 314 |
| Others | 39 | - | - |
| TOTALS | 386 | 96 | 314 |

The success of this scheme is due not only to the general practitioners, who have given practically all these immunisations, but also to the parents who have so wisely seized the gold opportunity.

Personal Precautions against Poliomyelitis:

The World Health Organisation has issued six points for the personal protection of the public against Poliomyelitis.

The six rules for the individual to observe are as follows:-

1. Wash hands frequently, especially before eating.
2. Protect food from flies; thoroughly wash uncooked food, such as fruit and vegetables.

Personal Precautions against Poliomyelitis (Continued):

3. Avoid intimate association, such as shaking hands, with families in which poliomyelitis has occurred within three weeks.
4. Treat feverish illnesses with caution; bed rest, or at least avoiding over-exertion for a week is advisable.
5. Avoid over-exertion.
6. Avoid unnecessary travel to and from communities where the disease is prevalent.

## PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

Notifiable Diseases:

Particulars of cases of Infectious Diseases which were notified during the year and comparative notification rates for the whole of England and Wales, are shown in the following table:-

| Diseases | Total cases notified | Rate per 1,000 of the Estimated Population | |
|---|---|---|---|
| | | Petersfield R.D. | England and Wales |
| Scarlet Fever | 1 | 0.04 | 0.37 |
| Dysentery | 1 | 0.04 | 0.67 |
| Measles | 480 | 19.06 | 12.78 |
| Puerperal Pyrexia | 1 | 0.04 | 0.14 |
| Whooping Cough | 9 | 0.36 | 0.74 |
| Acute Pneumonia | 2 | 0.08 | 0.30 |

Notifiable Diseases (Continued):

An analysis of the total notified cases according to age groups is given below:-

| Age Group | Scarlet Fever | Measles | Whooping Cough | Puerperal Pyrexia | Dysentery | Acute Pneumonia |
|---|---|---|---|---|---|---|
| Under 1 year | - | 13 | 1 | - | - | - |
| 1- 2 years | 1 | 36 | - | - | 1 | 1 |
| 2- 3 years | - | 38 | 1 | - | - | - |
| 3- 4 years | - | 59 | - | - | - | - |
| 4- 5 years | - | 46 | 2 | - | - | - |
| 5-10 years | - | 215 | 5 | - | - | - |
| 10-15 years | - | 55 | - | - | - | - |
| 15-20 years | - | 4 | - | - | - | - |
| 20-35 years | - | 2 | - | 1 | - | - |
| 35-45 years | - | - | - | - | - | - |
| 45-65 years | - | - | - | - | - | 1 |
| Over 65 years | - | - | - | - | - | - |
| Age unknown | - | 12 | - | - | - | - |

There were no cases of Meningococcal Infection, or Poliomyelitis.

The following table shows the number of cases of Infectious Diseases notified during the year and the parishes in which they occurred:-

| Parish | Scarlet Fever | Measles | Whooping Cough | Puerperal Pyrexia | Dysentery | Acute Pneumonia |
|---|---|---|---|---|---|---|
| Bramshott | - | 151 | - | - | 1 | 1 |
| Buriton | - | 14 | - | - | - | - |
| Clanfield | - | 44 | 2 | - | - | - |
| Colemore and Priorsdean | - | 2 | - | - | - | - |
| East Meon | - | 9 | - | - | - | - |
| Froxfield | - | 5 | 3 | - | - | - |
| Greatham | - | 11 | - | - | - | - |
| Hawkley | - | 8 | - | - | - | - |
| Horndean | 1 | 122 | 4 | 1 | - | 1 |
| Langrish | - | 2 | - | - | - | - |
| Liss | - | 64 | - | - | - | - |
| Rowlands Castle | - | 42 | - | - | - | - |
| Steep | - | 6 | - | - | - | - |
| TOTALS | 1 | 480 | 9 | 1 | 1 | 2 |

## T U B E R C U L O S I S

The total number of cases on the Register on 31st December, 1963, was two hundred and ninety-nine. Of the seventeen additions to the Register during the year, eleven were transferred to this area from other districts.

The apparent increase in the incidence of tuberculosis is misleading, but there is no cause for alarm, as there were only four new cases notified among the normal residents.

The following table gives the number of cases of Tuberculosis registered in the Rural District at the beginning and end of 1963:-

| | Respiratory | | | Non-Respiratory | | |
|---|---|---|---|---|---|---|
| | M | F | Total | M | F | Total |
| Number on Register at the beginning of the year (1963) | 146 | 94 | 240 | 24 | 33 | 57 |
| New additions to the Register during the year | 8 | 6 | 14 | 1 | 2 | 3 |
| Removals from the Register during the year | 8 | 4 | 12 | 2 | 1 | 3 |
| Number on Register at the end of the year (1963) | 146 | 96 | 242 | 23 | 34 | 57 |

Analysis of new cases and deaths according to age groups:-

| | New Cases (including transfers) | | | | Deaths | | | |
|---|---|---|---|---|---|---|---|---|
| | Respiratory | | Non-Respiratory | | Respiratory | | Non-Respiratory | |
| | M | F | M | F | M | F | M | F |
| 0 - 1 | - | - | - | - | - | - | - | - |
| 2 - 5 | - | - | - | 1 | - | 1 | - | - |
| 6 - 15 | - | - | 1 | - | - | - | - | - |
| 16 - 25 | 3 | 1 | - | - | - | - | - | - |
| 26 - 35 | 2 | 2 | - | 1 | - | - | - | - |
| 36 - 45 | - | 1 | - | - | 1 | - | - | - |
| 46 - 55 | 2 | 1 | - | - | - | - | 1 | - |
| 56 - 75 | 1 | 1 | - | - | - | - | - | - |
| Over 75 | - | - | - | - | - | - | - | - |
| Age Unknown | - | - | - | - | - | - | - | - |
| TOTALS | 8 | 6 | 1 | 2 | 1 | 1 | 1 | - |

Tuberculosis (Continued):

Analysis of removals from the Register:-

| REMOVALS | Respiratory | | | Non-Respiratory | | |
|---|---|---|---|---|---|---|
| | M | F | Total | M | F | Total |
| Recoveries | 5 | 2 | 7 | 1 | 1 | 2 |
| Deaths | 1 | 1 | 2 | 1 | - | 1 |
| Transfers | 2 | 1 | 3 | - | - | - |
| TOTALS | 8 | 4 | 12 | 2 | 1 | 3 |

No action was taken in 1963 under the Public Health (Prevention of Tuberculosis) Regulations 1925, (relating to persons suffering from Pulmonary Tuberculosis employed in the milk trade) or Section 172 of the Public Health Act, 1936, (relating to compulsory removal to hospital of persons suffering from Tuberculosis).

Mass Radiography Survey:

During the year, the Medical Director of the Portsmouth Mass Radiography Unit arranged for one of the mobile units to visit six villages (Liphook, Liss, Rowlands Castle, Horndean, Clanfield and East Meon) in this district.

1,547 persons attended and the results were very satisfactory.

## S C A B I E S

Facilities for the treatment of Scabies are available at Portsmouth Disinfestation Clinic. Appointments for cases requiring treatment are made through this Department.

Scabies should be regarded as a family infection; and all members of the same family should present themselves for treatment simultaneously - whether or not they complain of "The Itch" and show evidence of scabies at the time. Otherwise an early case may escape detection and the parasite may thrive in one member and re-infect the others.

## P E D I C U L O S I S

Cases of pediculosis (head lice) may be referred for treatment at the Cleansing Clinic, County Council Health Centre, Love Lane, Petersfield, by appointment.

Pediculosis should also be regarded as a family infection; and, when a child is found to be verminous, all the members of the family should offer themselves for examination. This wise practice would ensure that any undetected case in the same family would receive immediate treatment and that there would be no further spread of infection to others.

## NATIONAL ASSISTANCE ACT, 1948.

No action was taken under Section 47 of the National Assistance Act, 1948, during the year in connection with the removal to hospital of persons "who are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions and are unable to devote to themselves, and are not receiving from other persons, proper care and attention".

## CITIZENS' ADVICE BUREAU

The Local Office of the Citizens' Advice Bureau, which is under the auspices of the National Council of Social Service, is in the Town Hall Annexe at the rear of the Town Hall (Telephone: Petersfield 749).

The Office is open Monday to Friday from 9.0a.m. to 12.30p.m. and from 2.0p.m. to 4.0p.m. On Saturday, it is open from 9.0a.m. to 12.0p.m.

## PETERSFIELD FURTHER EDUCATION CENTRE

I am indebted to Mr.E.C.Young for the following report on Petersfield Further Education Centre:-

Judo 1963:

There is no school instruction in Judo.

Approximately 18 of the older schoolchildren do attend Judo classes either in the Further Education Centre or in Youth Club classes.

Adult classes in Judo have continued in the Further Education Centre and have been well supported.

# RURAL DISTRICT COUNCIL OF PETERSFIELD

Public Health Department,
The Old College,
Petersfield,
Hampshire.

To the Chairman and Members
of the Petersfield Rural District Council.

I beg to submit my Annual Report for the year 1963 on the sanitary circumstances of the area and the duties for which I am responsible.

It would be easy to employ a very large staff in supervision and enforcement of legislation dealing with environmental hygiene. We have done our best, with the limited staff available, to make a steady but reasonable advance in all fields.

The improvement of housing conditions which follows the provision of main drainage is quite dramatic. No schemes were completed during the year but work was commenced at Bulls Copse and the major schemes for Clanfield and Horndean should help with the solution of many problems.

As in recent years, we received many complaints about food. Some of these were the responsibility of the County Council and were passed to the Chief Inspector of Weights and Measures; others were investigated by my staff. In many cases the information obtainable is quite valueless as a basis for proceedings but much has been done by way of informal approach and education. Ignorance of the basic principles of hygiene seems to be the chief cause of complaint.

All the trouble arising out of caravan site licence conditions appears to have been worth while, and the occupiers of multiple sites are committed to closing them or complying with all the conditions within limited periods. Since my last report, however, it has become obvious that we are not controlling the individual caravans which now abound and for which exemption is invariably claimed.

It is not possible to reconcile some of the statistics with adjustments to the figures for previous years. The reason for this is that the original information was extracted from the rural housing survey, whereas the more recent data has been obtained during the course of investigations.

The submission of samples to the Public Health Laboratory was continued and the results emphasise the value of this aspect of preventive work.

I am grateful to all my colleagues for their ready help throughout the year.

Chief Public Health Inspector.

## SANITARY CIRCUMSTANCES OF THE AREA

Water:

Supplies from all sources proved adequate during the year and there was no shortage of main water.

The Water Undertakers of the Rural District are:-

(a) Portsmouth Water Company, 26 Commercial Road, Portsmouth.
This Company supplies the parishes of Clanfield, Horndean and Rowlands Castle.

(b) Wey Valley Water Company, Farnham, Surrey.
This Company now supplies the remaining parishes.

Out of 7,932 hereditaments the following houses are the only ones which do not have a Company's mains supply tap indoors.

| | |
|---|---|
| External standpipes (mains) .. .. .. (135 of these are caravans) | 157 |
| Rainwater .. .. .. .. .. .. | 19 |
| Ram .. .. .. .. .. .. .. | 5 |
| Spring - (These are all from the same estate supply) .. .. .. .. .. | 7 |
| Well - (11 of these are private chlorinated piped supplies) .. .. .. .. | 36 |

Eleven other dwellings have unsatisfactory supplies but these are the subject of formal housing action which will ensure that they are dealt with before the houses are re-occupied.

We receive copies of bacteriological and chemical examinations of supplies of both raw and chlorinated waters in the north of the area, but information regarding the southern parishes is obtained by direct sampling. Results were satisfactory.

Portsmouth Water Company has now appointed its own full time Chemist and Bacteriologist, Mr.T.W.Jobling, B.Sc. His laboratory is at the Company's premises at Brockhampton Road, Havant.

The following table shows the domestic water supplies in the various parishes. Remoteness accounts largely for the comparatively few houses not yet served by a main.

| Parish | Number of Dwellings on 31.10.64. | Number in Column(a) served by | | | Population on 1.4.63. served on mains | | | Parish Population |
|---|---|---|---|---|---|---|---|---|
| | | MAINS | | Wells Springs etc | Direct to House | Stand-pipes | Total | |
| | (a) | Direct to House (b) | Stand-pipes (c) | (d) | (e) | (f) | (g) | (h) |
| BRAMSHOTT | 1,541 | 1,503 | 24 | 14 | 5,794 | 74 | 5,868 | 5,911 |
| BURITON | 262 | 230 | 15 | 17 | 708 | 17 | 725 | 778 |
| CLANFIELD | 583 | 577 | 2 | 4 | 1,661 | 6 | 1,667 | 1,679 |
| COLEMORE and PRIORSDEAN | 57 | 57 | NIL | NIL | 164 | NIL | 164 | 164 |
| EAST MEON | 324 | 314 | NIL | 10 | 1,608 | NIL | 1,608 | 1,639 |
| FROXFIELD | 277 | 270 | 6 | 1 | 848 | 19 | 867 | 870 |
| GREATHAM | 150 | 129 | 21 | NIL | 383 | 65 | 448 | 448 |
| HAWKLEY | 147 | 143 | 1 | 3 | 446 | 3 | 449 | 458 |
| HORNDEAN | 2,359 | 2,299 | 55 | 5 | 5,508 | 171 | 5,679 | 5,695 |
| LANGRISH | 93 | 93 | NIL | NIL | 317 | NIL | 317 | 317 |
| LISS | 1,169 | 1,149 | 19 | 1 | 3,796 | 59 | 3,855 | 3,858 |
| ROWLANDS CASTLE | 651 | 639 | 12 | NIL | 1,785 | 37 | 1,822 | 1,822 |
| STEEP | 319 | 307 | 2 | 10 | 804 | 6 | 810 | 841 |
| TOTALS | 7,932 | 7,710 | 157 | 65 | 23,822 | 457 | 24,279 | 24,480 |

Figures in column (g) are obtained by multiplying figures in column (d) by an average population per house (which was 3.1 in 1964) and deducting the result from column (h).

Figures in column (f) are obtained by multiplying figures in column (c) by the same figure (i.e. 3.1).

N.B. This table includes figures for Caravans and Moveable Dwellings.

Sewerage and Sewage Disposal:

The village of Clanfield and outlying districts of Horndean have been surveyed and a drainage scheme has been approved and submitted to the Ministry. Work on the scheme is expected to commence in 1965.

A scheme for the improvement of the Rowlands Castle Sewage Disposal Works is in the course of preparation.

Rivers and Streams:

The main rivers and streams are as follows:-

(1) The River Wey, which passes through Bramshott Parish and collects the discharge of water from Waggoners Wells.

(2) The River Rother, which passes through the Parish of Hawkley forms part of the boundary between Greatham and Hawkley and then passes through the Parish of Liss.

(3) The River Meon, which flows through the Parish of East Meon, and passes into Droxford Rural District at West Meon.

The district resolves itself into three separate drainage areas:-

(a) West Sussex River Board Area.

(b) Thames above Teddington Area.

(c) Hampshire River Board Area.

Rainfall:

Captain A.F.Coryton, the Petersfield Urban District Council, the Headmaster of Clanfield County Primary School, the Chief Engineer of the West Sussex River Board and the Engineer of the Portsmouth and Gosport Water Company have all been good enough to let me have the rainfall figures for 1963 which are set out in the following table. The average rainfall figure, over the last ten years, for Greatham was 34.41 inches.

| 1963 | Greatham | Sheet | Petersfield | Ditcham Park | Clanfield | Catherington | Idsworth | Leydene |
|---|---|---|---|---|---|---|---|---|
| January | 1.34 | 0.71 | 0.04 | 0.51 | - | 0.80 | 0.80 | 0.65 |
| February | 1.90 | 1.76 | 1.36 | 1.31 | - | 1.69 | 2.53 | 0.92 |
| March | 5.64 | 6.12 | 5.46 | 5.83 | 5.45 | 5.11 | 4.44 | 5.72 |
| April | 3.63 | 4.11 | 4.29 | 4.71 | 4.69 | 4.41 | 4.28 | 4.75 |
| May | 1.63 | 2.69 | 1.92 | 2.14 | 2.25 | 2.33 | 2.16 | 2.42 |
| June | 2.45 | 2.78 | 2.31 | 2.93 | 2.42 | 2.54 | 2.39 | 2.72 |
| July | 1.95 | 2.00 | 1.97 | 2.23 | 2.39 | 2.04 | 1.98 | 2.21 |
| August | 4.34 | 4.46 | 3.96 | 2.76 | 6.01 | 3.63 | 3.64 | 4.05 |
| September | 4.38 | 3.15 | 3.28 | 3.27 | 4.33 | 3.06 | 3.72 | 3.22 |
| October | 2.61 | 2.78 | 2.61 | 3.22 | 3.97 | 2.84 | 2.78 | 3.19 |
| November | 6.18 | 7.54 | 7.60 | 8.49 | 12.77 | 8.05 | 7.51 | 9.22 |
| December | 1.22 | 1.26 | 0.86 | 1.52 | 0.16 | 1.34 | 1.32 | 1.65 |
| TOTALS | 37.27 | 39.36 | 35.66 | 38.92 | (10 mths) | 37.84 | 37.55 | 40.72 |

Pail Closet Emptying:

Pail closet contents are emptied Mondays and Thursdays in parts of the following parishes:-

| | | | | | |
|---|---|---|---|---|---|
| Bramshott | Buriton | Clanfield | East Meon | Froxfield | Greatham |
| Hawkley | Langrish | Liss | Ramsdean | | |

Emptying is now carried out by the Cleansing Service (Southern Counties) Ltd., on behalf of the Council.

Public Cleansing:

The provision of roadside litter bins has resulted in a marked improvement of conditions at organised stopping places, particularly on main roads, but the general state of several village streets, lanes and byways compares very badly with the days when lengthmen were employed and generally took a pride in the appearance of their respective areas.

There has been a marked increase in the tendency to dispose of bulky rubbish (such as discarded furniture) merely by leaving it on some apparently waste land, and removal of this and of abandoned cars has proved a problem for the Engineer and Surveyor.

The fouling of roadside land is now a serious problem. There are no signposted sanitary conveniences on the twenty-four miles of main road from Hindhead to Havant. Twenty-one miles of this road run through this rural district. The disgusting conditions at and near many of the lay-bys and unofficial pull-ins are a disgrace.

The provision of suitable and signposted conveniences at Liphook and Horndean must surely reduce the problem; but it seems that drivers who readily draw off the road in rural lay-bys, often hesitate to pull out of a stream of cars in a built up area.

A collection of house refuse is carried out in localities defined on maps approved by the Council. The collection days are as follows:-

| | | |
|---|---|---|
| BRAMSHOTT | Weekly | Monday, Tuesday and Friday |
| BURITON | Fortnightly | Friday |
| CLANFIELD | Weekly | Wednesday |
| COLEMORE and PRIORSDEAN | Fortnightly | Thursday |
| EAST MEON | Fortnightly | Thursday |
| FROXFIELD | Fortnightly | Thursday |
| GREATHAM | Fortnightly | Friday |
| HAWKLEY | Fortnightly | Friday |
| HORNDEAN | Weekly | Monday, Tuesday and Wednesday |
| LANGRISH | Fortnightly | Thursday |
| LISS | Weekly | Wednesday and Thursday |
| ROWLANDS CASTLE | Weekly | Monday |
| STEEP | Fortnightly | Friday |

Shops:

Many of the provisions of the Shops Act 1950, relating to hours of closing, conditions of employment and Sunday trading, remain in force and continue to be administered by the County Council but, generally speaking, all duties under the Offices, Shops and Railway Premises Act 1963 (other than provisions relating to fire) are the responsibility of the District Council.

With the co-operation of the Engineer and Surveyor, we are consulted about all new proposals to ensure compliance with public health requirements.

No formal action was taken during the year.

Caravan Sites:

The Caravan Sites and Control of Development Act came into force in 1960. It made further provision for the licensing and control of caravan sites and authorised local authorities to provide and operate such sites. No sites are operated by this Council at the present time but it is hoped to provide one at each end of the district.

New caravans are very superior to those of a few years ago and give us little trouble. Unfortunately, few of those they replace seem to get destroyed and, since the Caravan Sites and Control of Development Act 1960 came into force there has been a steady increase of such vans in the gardens of many houses throughout the district. It is quite impossible to keep a check on the siting of such vans or whether they fall within the list of exemptions.

Licences have been authorised in respect of the following six commercial sites:-

| | | | Caravans |
|---|---|---|---|
| Mrs.E.L.Alsford. | Bird-in-Hand, Lovedean, Horndean. | Horndean 2355 | 3 |
| Commander R.Kemp. | 133 London Road, Horndean. | - | 16 |
| Mr.S.Hicks. | St.Christopher's Filling Station, London Road, Horndean. | Horndean 221011 | 12 |
| Mrs.L.Trevis. | Prospect Farm, Havant. | Rowlands Castle 206 | 12 |
| Mr.E.J.E.Marks, Stonycroft, Church Lane West, Aldershot. | Fern Cottage Farm, Greatham. | Aldershot 2730 | 3 |
| Mr.J.S.Jackson, Lodge Hill, Holt, Wimborne. | The Oaks, Liphook Road, Greatham. | - | 17 |

Licences have also been issued in respect of individual caravans. These are valid for periods which vary according to the planning permission or planning status of the site.

Caravan Sites (Continued):

The Council has approved a standard list of conditions which are applied with due regard to the particular circumstances of each case, including the physical character of the site, any services or facilities that may already be available within convenient reach and other local conditions. Regard was had to the model standards issued by the Minister of Housing and Local Government when these conditions were drafted.

The Act also provides for certification of sites by such organisations as "The Caravan Club" and these are exempt from planning or licensing control subject to a code agreed with the Minister.

Such certificates have been issued in respect of:-

Mr.P.G.Langrish, Pyle Farm, Horndean.
Mr.H.H.C.Oram, Deer's Hut, Liphook.

Moveable Dwellings:

Some moveable dwellings do not fall within the definition of "Caravan" in the Caravan Sites and Control of Development Act 1960. These continue to be subject to licensing control under Section 269 of the Public Health Act 1936.

Nine such dwellings are now licensed.

Hop Pickers' Accommodation:

All local hop picking was carried out by machines. Some hop pickers huts were in use, but no problems arose.

Rural Schools:

Occasional visits were made to schools in the district in connection with sanitary accommodation, washing facilities and food preparation.

Insect Infestation:

Routine mosquito control was carried out during the "invasion" seasons. A number of complaints received during the year were dealt with but there were no major infestations.

There was a continued increase in the number of complaints of other insect pests in the home and we assisted with disinfestation where possible.

Houses suspected of being verminous are fumigated in cases where occupants are to be moved to Council accommodation.

Fly Control:

From time to time, we receive complaints of heavy concentrations of flies and frequently these are in very limited locations. In some cases the infestations are easily dealt with by fumigation and by removing or treating the medium in which the flies breed; but, sometimes the invasion is by a group known as "Cluster Flies" and these are much more difficult to control.

Such an infestation occurred at Buriton in the Autumn of 1963 and, arising out of a report to the Council, the following letter was addressed to the owners

Fly Control (Continued):

and occupiers of all buildings within the "invasion area".

"Dear Sir/Madam,

During the last few months the Council have considered a number of reports on the fly nuisance at Buriton earlier in the year.

At a recent meeting, Councillors were told what action owners and occupiers of properties should take during the winter months to destroy these flies, and I was instructed to write and let you know.

The recommended action can frequently be taken by occupiers but, where there is no permanent access to roof spaces etc., the owners' co-operation will obviously be essential.

I enclose a leaflet on the subject and if you require any further information or advice, please let me know.

Yours faithfully,

(signed) A.SWAN.

Chief Public Health Inspector. "

The following is the leaflet enclosed with the above letter:-

"Flies are a menace to health at all times because they are capable of spreading disease and all efforts should be made to prevent them breeding and, where they do exist, to destroy them.

The most common species are the housefly and the 'blue bottle' but the general preventive and curative measures, set out overleaf, can mostly keep them under control.

Another species gives trouble nearly every spring and autumn and is not so easily controlled; it is called the Raven Fly or Musca Autumnalis.

In summer, several generations of these cluster flies breed from the ones which survived the previous winter. They remain widely dispersed and seldom attract attention until the Autumn when they congregate on warm, exposed, light coloured surfaces until they reach the proportions of a "swarm" to the great concern of householders.

As the weather turns cool, the flies seek hibernation sites. There seems to be no feature of building structure common to the premises invaded. Church steeples and belfries, schools, old houses and new, cottages and mansions, barns and outbuildings have been infested.

Roof spaces and similar cavities are a favourite retreat and here the flies stay until the spring when a few warm days are often sufficient for the flies to disperse without any great inconvenience to the householders. "

Fly Control (Continued):

"Sometimes, however, the weather is such that although swarming is encouraged on large exposed surfaces which are warm in the sun rays, the general temperature remains low and flight may be discouraged by such factors as cold winds. Under these conditions the raven flies frequently return to the buildings they have just left or to heated rooms to the great discomfiture of residents. This activity continues until the flies completely forsake their hibernation and swarming sites.

Because of the wide dispersal of the flies during the breeding season, control at this time is virtually impossible but one time at which the chain can be broken is during the winter months by treating roofs and similar spaces with suitable fly killers. We have found that, when manufacturers' directions are followed, insecticide fumers in tablet form are most convenient and effective for this purpose; they are easily obtainable through local chemists and hardware dealers.

Prevention:

(1) Dust bins, and refuse bins, should always be kept covered. Dust bins get a lot of rough handling and in time the lids may not fit on properly. Before the warm weather comes see that the lids do fit well, and that they are always in place.

(2) Kitchen refuse bins should be kept covered, and emptied as soon as they are full.

(3) All refuse - decaying vegetables and fruit - should be kept in proper receptacles - firmly covered.

(4) In the kitchen keep the foods well covered - or in a larder which is fly proof. Fly covers for milk jugs, sugar basins, and jam dishes will prevent the fly from contaminating these foods. A 'meat safe' is useful, especially for cold meats.

(5) Always wash out milk bottles before leaving them outside for the milkman. Dirty bottles attract flies.

Cure:

If flies should get into a room:-

(1) Modern aerosol fly sprays containing insecticides such as D.D.T. or Gammexane (B.J.C.) are very valuable in getting rid of them. The fine spray permeates the whole room and drives the flies away. Direct these sprays into the air, never on to plates, cups, glasses, food or tables. A small amount goes a long way. Read the instructions and follow them.

(2) Fly Papers properly used can be useful. A good sticky one is very effective, but must be changed if flies collect on it. Modern fly papers, impregnated with an insecticide, are of limited use as their effectiveness wears off quickly and they need changing regularly."

## INSPECTIONS AND VISITS

| | Totals |
|---|---|
| Accumulations | 12 |
| Agricultural Workers Act | 3 |
| Bakehouses | 30 |
| Cafes | 28 |
| Caravans and Moveable Dwellings | 437 |
| Clean Air Act 1956 | 43 |
| Drainage | 308 |
| Factories | 30 |
| Food Premises | 92 |
| Food Vans | 3 |
| Hop-pickers Camps | 2 |
| Houses (Public Health and Housing Acts) | 949 |
| Housing Applications | 11 |
| Ice Cream | 89 |
| Infectious Disease | 87 |
| Insect Infestation | 68 |
| Licensed Premises | 8 |
| Meat Inspection | 116 |
| Meat Shops | 18 |
| Milk and Dairies | 59 |
| Miscellaneous | 64 |
| Mosquito Control | 17 |
| Noise Abatement | 28 |
| Nuisances | 216 |
| Offices, Shops and Railway Premises Act 1963 | 42 |
| Pet Animals Shops and Animal Boarding Establishments | 18 |
| Rent Act | 4 |
| Rodent Control | 96 |
| Sampling | 72 |
| Schools | 25 |
| Shops | 66 |
| Slaughterhouses and Knackers Yards | 20 |
| Unsound Food | 14 |
| Verminous or Dirty Premises | 5 |
| Water Supply | 110 |
| | 3190 |
| Inspections in Petersfield Urban District 26.8.63.-6.1.64. while they were without an Inspector | 233 |
| TOTAL | 3423 |

Samples submitted for laboratory examination:

| | | |
|---|---|---|
| Water | 137 | |
| Milk | 63 | |
| Milk Bottles | 68 | (Including various rinses) |
| Ice Creams etc. | 5 | |
| TOTAL | 217 | |

# H O U S I N G

Provision of New Houses:

The following thirty-eight Council housing units were erected during the year:-

Bungalows: 59,61,63,65,67,69, 71,73 Glebe Road, Buriton.
13,14,15 and 16 Hill View, East Meon.
9, 10,13 and 14 Bakersfield, Greatham.
1,2,3 and 4 Huntsbottom Lane, Liss.
1,2,3,4,5,6,7 and 8 Links Close, Rowlands Castle.

Flats: 62a,62b,63a and 63b Admers Crescent, Liphook.
20,22,24,26 Glebe Road, Buriton.
19 and 20 Bakersfield, Greatham.

During the year, two hundred and seven houses were built by private enterprise.

Summary of work carried out under Public Health and Housing Acts:

| A. HOUSES DEMOLISHED | | | |
|---|---|---|---|
| | | Displaced | |
| | Number | Persons | Families |
| In Clearance Areas: .. .. .. .. | - | - | - |
| Not in Clearance Areas: | | | |
| Houses demolished as a result of formal or informal procedure under Section 16 or Section 17(1), Housing Act, 1957 .. | 17 | 39 | 19 |

| B. UNFIT HOUSES CLOSED OR UNDERTAKINGS ACCEPTED | | | |
|---|---|---|---|
| | | Displaced | |
| | Number | Persons | Families |
| Under Section 16(4),17(1)and 35(1), Housing Act, 1957 .. .. .. .. .. | 6 | 5 | 1 |
| Under Section 17(3)and 26,Housing Act,1957 | - | - | - |
| Parts of buildings closed under Section 18, Housing Act, 1957 .. .. .. .. .. | - | - | - |
| Housing Act, 1961 - Section 26 .. .. | - | - | - |

Summary of Work carried out under Public Health and Housing Acts (Continued):

| C. UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED | | |
|---|---|---|
| | By Owner | By L.A. |
| After informal action by Local Authority .. .. | 32 | - |
| After formal notice under: | | |
| (a) Public Health Acts .. .. .. .. | - | - |
| (b) Sections 9 and 16, Housing Act, 1957 .. .. | 18 | - |
| Under Section 24, Housing Act, 1957 .. .. .. | - | - |

| D. UNFIT HOUSES IN TEMPORARY USE (Housing Act, 1957) |
|---|
| NIL |

| E. PURCHASE OF HOUSES BY AGREEMENT |
|---|
| NIL |

Action under Statutory Powers during the year -

(a) Proceedings under Sections 9,10 and 12 of the Housing Act, 1957 -

(i) Number of dwelling houses in respect of which notices were served requiring repairs .. .. .. .. .. 2

(ii) Number of dwelling houses which were rendered fit after service of formal notices -

(1) By owners .. .. .. .. .. .. .. .. 3

(2) By Local Authority in default of owners .. .. .. NIL

(b) Proceedings under Public Health Acts -

(i) Number of dwelling houses in respect of which notices were served requiring defects to be remedied .. .. .. NIL

(ii) Number of dwelling houses in which defects were remedied after service of formal notices -

(1) By owners .. .. .. .. .. .. .. .. NIL

(2) By Local Authority in default of owners .. .. .. NIL

Summary of work carried out under Public Health and Housing Acts (Continued):

(c) Proceedings under Sections 16, 17 and 23 of the Housing Act, 1957 and Section 26 of the Housing Act, 1961 -

(i) Number of dwelling houses in respect of which Demolition Orders and Closing Orders were made .. .. .. 10

(ii) Number of dwelling houses demolished in pursuance of Demolition Orders and otherwise .. .. .. .. .. 18

(iii) Number of dwelling houses closed in pursuance of an Undertaking given by the owner under Section 16 .. .. 6

(iv) Number of dwelling houses closed under Section 26 previously included in demolition orders under Sections 16 and 17 .. .. .. .. .. .. .. NIL

(d) Overcrowding -

No statutory notices were served during the year regarding overcrowding.

Housing Conditions:

Generally speaking housing conditions have improved considerably in recent years and, in my opinion, the payment of improvement grants has largely been responsible.

Some properties in Conford and Hammer were excluded from the Council's programme and still remain to be dealt with. Action here, is dependent largely on the provision of main drainage.

Some properties in Horndean and Liss, which appeared in the programme approved by the Council, still require attention, and a number of other houses are added to the list each year as the buildings deteriorate. Many,in respect of which action is taken, are referred by the Housing Committee.

The following grants were available in 1963:-

1. Discretionary Grant: Subject to certain conditions, one third and sometimes up to half the estimated cost of a wide range of improvements could be paid, at the discretion of the local Council, subject to a maximum of £400. These grants were available also for the conversion of houses into flats.

2. Standard Grant: In some circumstances, house owners and certain leaseholders could obtain, as a right, half the cost, up to a maximum grant of £155. of providing five basic amenities:-

| | | |
|---|---|---|
| (a) | bath or shower in a bathroom .. .. .. | bath £25. |
| (b) | wash-hand basin .. .. .. .. .. .. | 5. |
| (c) | water closet .. .. .. .. .. .. .. | 40. |
| (d) | hot water supply .. .. .. .. .. .. | 75. |
| (e) | food store .. .. .. .. .. .. .. | 10. |
| | | £155. |

Housing Conditions (Continued):

The Housing Act, 1964 allowed for comprehensive improvement in defined areas. The provisions of Part 111 of the Act are designed to make grants more attractive and thus encourage more owners to improve their dwellings. They include provision for a reduction from 10 years to 3 years in the period during which rent and other conditions attach to a house improved with a grant.

Successful progress in the Housing field is entirely dependent upon close co-operation, particularly with the Engineer and Surveyor's Department, and this has been readily forthcoming.

No opportunity was lost in dealing with demolition type properties in the area if they became vacant and provided us with an opportunity for demolition proceedings without the necessity of expensive rehousing.

During 1963, seventeen demolition type houses were dealt with in accordance with the following table:-

| Parish | Houses dealt with | Houses empty | Families rehoused or needing rehousing by this Council |
|---|---|---|---|
| Bramshott | 1 | - | 1 |
| Clanfield | 1 | - | 1 |
| Greatham | 1 | - | 1 |
| Horndean | 11 | 1 | 10 |
| Liss | 3 | - | 3 |
| TOTALS | 17 | 1 | 16 |

## INSPECTION AND SUPERVISION OF FOOD

Milk Supply:

There are eleven Licensed Dealers on this Council's register.

Seventeen of the sixty-three samples taken failed to pass the required test.

One dairy in the district, where pasteurisation is carried out, is supervised under powers delegated by the County Council.

Licences issued under the Milk (Special Designation) Regulations, 1960.

Dealer's Licences to sell Pre-packed Milk .. .. 14

Dealer's Licences to use the designation "Pasteuriser" 1

Dealer's Licences to use the designation "Steriliser" -

Dealer's Licences to sell "Tuberculin Tested" Milk 3

Meat and Other Foods:

There was no complaint about the meat shops in the area. In general meat was of good quality and well handled.

As from 1st April, 1961, only one slaughterhouse was retained in this district. This followed the introduction of new Regulations in connection with construction and equipment to secure humane slaughter and hygienic conditions.

Section 16 of the Food and Drugs Act, 1955, provides for the registration of all premises used for:-

(a) The sale, or manufacture for the purpose of sale of ice cream, or the storage of ice cream intended for sale; or

(b) The preparation or manufacture of sausages or potted, pressed, pickled or preserved food intended for sale.

There are seventy-five premises in this District currently registered and selling ice cream and fourteen premises are registered for the preservation of food.

Meat Inspection:

Table showing animals killed and inspected and carcases, part carcases and organs condemned is as follows:-

W.T.PESCOTT & SONS, HORNDEAN:

| | Cattle excluding Cows | Cows | Calves | Sheep and Lambs | Pigs | Sows |
|---|---|---|---|---|---|---|
| Number killed .. .. .. | 229 | 6 | 58 | 1254 | 548 | 68 |
| Number inspected .. .. | 229 | 6 | 58 | 1254 | 548 | 68 |
| All Diseases except T.B.: | | | | | | |
| Whole carcases condemned.. | NIL | NIL | NIL | NIL | NIL | NIL |
| Weights .. .. .. | - | - | - | - | - | - |
| Carcases of which some part or Organ was condemned.. .. .. .. | 19 | 1 | - | 2 | 20 | 1 |
| Weights .. .. .. | 145 lb. | 14 lb. | - | 2½ lb | 38½ lb | 4 lb. |
| Percentage of the No. inspected affected with disease other than T.B. .. | 8.78% | 16.6% | - | 0.16% | 3.64% | 1.47% |
| Tuberculosis only: | | | | | | |
| Whole carcases condemned.. | NIL | NIL | NIL | NIL | NIL | NIL |
| Weights .. .. .. | - | - | - | - | - | - |
| Carcase of which some part or Organ was condemned .. | - | - | - | - | 3 | - |
| Weights .. .. .. | - | - | - | - | 16½ lb | - |

Meat Inspection (Continued):

Cysticercus Bovis:

There were three cases of Cysticercus Bovis during the year. All were refrigerated and released for sale after the appropriate period specified by Memo 3.

The Grange Slaughterhouse, Petersfield:

The practice of deputising for the Urban District Council's Meat Inspector during holidays, sickness etc. was continued.

The following animals were inspected:-

| | | |
|---|---|---|
| 1,746 | Cattle | (611) |
| 2,419 | Sheep | (837) |
| 473 | Calves | (231) |
| 5,807 | Pigs | (1,660) |
| 155 | Sows | (32) |

The figures in brackets are the totals inspected during 1962.

Details of Other Condemned Food:-

1 x 6lb.10oz. Orange Segments.
1 x 11lb.14oz. Boneless Shoulder Ham.
1 tin Pasteurised Plums.
27 x ½lb. Peas.
11 x ¼lb. Peas.
24 x ¾lb. Sliced Beans.
3 x 2lbs. Peas.
3 x 1lb. Broad Beans.
11 x 7oz. Mince Beef.
11 x 6oz. Frying Steak.
5 x 6oz. Pork Chops.
3 x 6oz. Lamb Chops.
30 x 7oz. Steak and Kidney Pies.
19 x 7oz. Pigs Liver.
11 x 5 oz. Frying Chicken.
1 x 3½lb. Chicken.
10 x ½. Chicken.
8 x 1lb. Fish Fingers.
1 x 14oz. Herrings.
11 x 1lb. Haddock and Cod.
10 x 8d. Fish Cakes.
1 x 6d. Fish Cakes.
12 x 8oz. Plaice.
4 x 7½oz. Smoked Haddock.
3 x 6oz. Kipper Fillets.
1 x 14oz. Dressed Crab.
4 x 2oz. Prawn Cocktail.
1 x 2oz. Potted Shrimp.
5 x 2oz. Prawns.
2 x 3oz. Smoked Salmon.
22 x 2/- Steakbergers.
2 x 2/- Porkbergers.
3 Chicken Pies.
3 Steak and Kidney Pies.
3 x 12 oz. Faggots.
2 Curried Lamb Dinners.
4 x 11oz Chips.
5 x 8oz. Puff Pastry.
3 x 8oz. Raspberries.
3 x 1lb. Strawberries.
3 x 8oz. Blackcurrants.
1 x 8oz. Blueberries.
3 x 1lb.Dog Food.
1 x 14lb.11oz. Pork Livers.
1 x 12lb. Cooked Shoulder Boneless Ham.
1 x 11lb.8oz.Cooked Boneless Gammon.

Adulterations:

The Hampshire County Council is the Food and Drugs Authority and is responsible for the administration of the Sections of the Food and Drugs Act, 1955, which place restrictions on the addition to, or abstraction of substances from, food and drugs.

Adulterations (Continued):

I am indebted to Mr.J.S.Preston, Chief Inspector under the Food and Drugs Act, for the following information on samples taken in the district during the year:-

" Milk Samples

171 samples of milk, including 62 of Channel Islands, were obtained and were satisfactory except in nine instances, only two of which involved alleged offences under the Act.

A sample of Channel Islands' Milk which was obtained from a producer/retailer was found to be deficient in fat, in that it contained 3.67 per cent, whereas milk of this description should conform to the minimum standard of 4 per cent of fat. The matter was investigated and the discrepancy appeared to have been caused by lack of mixing of the milk during the bottling process. In view of the relatively small amount of the deficiency and the absence of any previous complaint of a similar nature, the vendor was cautioned.

The only sample of milk which proved to contain added water consisted of one from a churn of milk which had been supplied to a wholesale dairy, samples from three other churns, taken on the same occasion, being satisfactory. The amount of water did not exceed 1 per cent, however, and this appeared to have been caused by inadequate drainage of the milking plant. The matter was brought to the notice of the producer and his attention drawn to the need for greater care.

The other seven samples which proved unsatisfactory, were all deficient in fat but affected individual churns of milk which were included in larger consignments from the producers concerned to a wholesale dairy. In each case, the average fat of the consignment was of the required minimum and these matters did not, therefore, call for further action.

Miscellaneous Samples

Twelve samples of articles other than milk were taken and all proved to be free from complaint.

General

The usual attention was given to the application of the provisions of the Labelling of Food Order and the Pharmacy and Medicines Act, insofar as they relate to the labelling and descriptions of food and drugs. A few complaints of minor significance regarding the absence of required particulars on the labels of pre-packed foods, were referred to the packers concerned and suitable amendments secured. "

## RODENT CONTROL

Rodent control in the area is carried out by Council staff, by private servicing companies and by local rat catchers.

The service to domestic premises has been free for many years and in April 1960, the Council embarked on a free service to farms and business premises

Rodent Control (Continued):

for a trial period of three years.

It was thought at that time that we might not be able to cope with the extra complaints, let alone carry out statutory inspections, but the result has in fact been the elimination of "black spots" in the District and a larger degree of co-operation with the public in general.

The Council's rodent operators continued to give good service and again, chiefly as a result of their tactful approach, it was not necessary to serve any statutory notices during the year under the Prevention of Damage by Pests Act, 1949.

In general, control measures during the year were satisfactory. Only one complaint was made in respect of treatments, largely because of our ability to make "follow up" visits.

The following table gives details of inspections and treatments for the year 1963 ..... N.B. Local Authority's Properties. Council houses are included under Dwelling Houses. Premises occupied in connection with the Council's undertakings are included under this heading.

Combined Dwelling and Business Premises occupied by the same person are included under Business Premises.

Farms, Smallholdings, Poultry Farms and other premises devoted to commercial, agriculture or horticulture are included under Agricultural Property and not under Business Premises.

Unclassified Properties. Properties which do not appropriately fall under other classifications are included under Business Premises.

Degree of Infestation. "Major" includes only properties with an estimated rat population exceeding twenty rats.

Treatment means a complete operation for the destruction of rats or mice in the property.

| | TYPE OF PROPERTY | | | | |
|---|---|---|---|---|---|
| | Non-Agricultural | | | | |
| | Local Authority (1) | Dwelling Houses (2) | All other (including business premises) (3) | Totals of Columns (1)(2)(3) (4) | Agricultural (5) |
| Number of properties in Local Authority's District | 16 | 7527 | 756 | 8299 | 290 |
| Total number of properties inspected as a result of notification | 2 | 288 | 62 | 352 | 90 |
| Number of such properties found to be infested by:- | | | | | |
| Common rat - Major | - | 4 | 1 | 5 | 13 |
| Minor | 2 | 228 | 53 | 283 | 65 |
| House mouse- Major | - | 3 | 1 | 4 | - |
| Minor | - | 41 | 6 | 47 | 5 |
| Total number of properties inspected in the course of survey under the Act | 14 | 1439 | 165 | 1646 | 552 |
| Number of such properties found to be infested by:- | | | | | |
| Common rat - Major | - | 3 | 3 | 6 | 12 |
| Minor | 15 | 529 | 91 | 635 | 324 |
| House mouse- Major | - | - | - | - | 1 |
| Minor | - | 16 | 6 | 22 | 28 |
| Total number of properties otherwise inspected (e.g. when visited primarily for some other purpose) | 11 | 224 | 81 | 316 | 18 |
| Number of such properties found to be infested by:- | | | | | |
| Common rat - Major | - | - | - | - | 2 |
| Minor | 1 | 14 | 11 | 26 | 13 |
| House mouse- Major | - | - | - | - | - |
| Minor | - | 4 | 3 | 7 | - |
| Total inspections carried out including re-inspections | 36 | 1377 | 134 | 1547 | 511 |
| Number of infested properties | 16 | 819 | 159 | 995 | 445 |
| Number of "Block" control schemes carried out | 13 | | | | |

# FACTORIES

Mr.R.S.Moffett, is H.M.Inspector of Factories for the Portsmouth District, which includes the Petersfield Rural District. His address is Princes House, Kings Terrace, Southsea.

Inspections under the Factories Act, 1937, for the purposes as to health:-

| Premises | Number on Register | Inspections | Number of written Notices |
|---|---|---|---|
| (1) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities .. .. .. .. | - | - | - |
| (2) Factories not included in (1) in which Section 7 is enforced by the Local Authority .. .. .. .. | 55 | 30 | 1 |
| (3) Other Premises in which Section 7 is enforced by the Local Authority .. | - | - | - |
| TOTALS .. .. .. | 55 | 30 | 1 |

Section 9 of the Factories Act, 1957, provided that certification of "Means of Escape in Case of Fire" became the responsibility of the County Fire Services. All records on the subject were, therefore, passed to the Divisional Fire Prevention Officer.